

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40155

**Entity Name:** HARLEYSVILLE LIFE INSURANCE COMPANY**Current Principal Place of Business:**355 MAPLE AVE.  
HARLEYSVILLE, PA 19438**Current Mailing Address:**355 MAPLE AVE.  
HARLEYSVILLE, PA 19438**FEI Number:** 23-1580983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, COO	Title	VP, ASSISTANT TREASURER
Name	GOLATO, PETER A	Name	DOVE, CAROL L
Address	ONE NATIONWIDE PLAZA PO BOX 182171	Address	ONE NATIONWIDE PLAZA PO BOX 182171
City-State-Zip:	COLUMBUS OH 43218	City-State-Zip:	COLUMBUS OH 43218
Title	FINANCIAL BUSINESS DIRECTOR	Title	VP, ASSISTANT SECRETARY
Name	WOLFE, CHARLENE D	Name	HORNER III, ROBERT W
Address	355 MAPLE AVENUE	Address	ONE NATIONWIDE PLAZA PO BOX 182171
City-State-Zip:	HARLEYSVILLE PA 19438	City-State-Zip:	COLUMBUS OH 43218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CHARLENE D WOLFEFINANCIAL BUSINESS  
DIRECTOR

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date