

2016 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 VICE PRESIDENT AND SECRETARY
Name HORNER, III, ROBERT W
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title VICE PRESIDENT AND TREASURER
Name SNYDER, HOLLY R
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR, PRESIDENT
Name HENDERSON, ERIC S
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title SENIOR VICE PRESIDENT
Name BIESECKER, PAMELA A
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name BERVAN, MARK A
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name CARTER, JOHN L
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name FROMMEYER, TIMOTHY G.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name WALKER, KIRT A.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Continues on page 2

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: ROBERT W. HORNER, III**SECRETARY****04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GOLATO, PETER A
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name VANDERVORT, APRIL L.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title ASSOCIATE VP, ASSISTANT SECRETARY
Name RICHARDS, KATHY R.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name POWER, STEVEN C
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title ASSOCIATE VP, ASSISTANT SECRETARY
Name HARTMAN, MARK E.
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title ASSOCIATE VP, ASSISTANT SECRETARY
Name SHAH, PARAG H
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215