

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40155

**Entity Name:** HARLEYSVILLE LIFE INSURANCE COMPANY**Current Principal Place of Business:**355 MAPLE AVENUE  
HARLEYSVILLE, PA 19438**Current Mailing Address:**355 MAPLE AVENUE  
HARLEYSVILLE, PA 19438 US**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, SECRETARY  
Name HORNER, ROBERT W. III  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title VICE PRESIDENT, TREASURER  
Name SNYDER, HOLLY R.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR, PRESIDENT  
Name HENDERSON, ERIC S.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name BERVEN, MARK A.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name CARTER, JOHN L.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name FROMMEYER, TIMOTHY G.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name GOLATO, PETER A.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title DIRECTOR  
Name POWER, STEVEN C.  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

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*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****07/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 VANDERVORT, APRIL L.  
Address             355 MAPLE AVENUE  
City-State-Zip:   HARLEYSVILLE PA 19438

Title                   DIRECTOR  
Name                 WALKER, KIRT A.  
Address             355 MAPLE AVENUE  
City-State-Zip:   HARLEYSVILLE PA 19438