### 2020 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

## 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 FILED May 01, 2020 Secretary of State 1055823777CC

Certificate of Status Desired: No

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:

Name

Address

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

|  | Title           | PRESIDENT, DIRECTOR   | Title           | DIRECTOR              |
|--|-----------------|-----------------------|-----------------|-----------------------|
|  | Name            | SNYDER, HOLLY R.      | Name            | HENDERSON, ERIC S.    |
|  | Address         | 355 MAPLE AVENUE      | Address         | 355 MAPLE AVENUE      |
|  | City-State-Zip: | HARLEYSVILLE PA 19438 | City-State-Zip: | HARLEYSVILLE PA 19438 |
|  | Title           | DIRECTOR              | Title           | DIRECTOR              |
|  | Name            | CARTER, JOHN L.       | Name            | FROMMEYER, TIMOTHY G. |
|  | Address         | 355 MAPLE AVENUE      | Address         | 355 MAPLE AVENUE      |
|  | City-State-Zip: | HARLEYSVILLE PA 19438 | City-State-Zip: | HARLEYSVILLE PA 19438 |
|  | Title           | DIRECTOR              | Title           | SECRETARY             |
|  | Name            | GINNAN, STEVEN A.     | Name            | SKINGLE, DENISE L.    |
|  | Address         | 355 MAPLE AVENUE      | Address         | 355 MAPLE AVENUE      |
|  | City-State-Zip: | HARLEYSVILLE PA 19438 | City-State-Zip: | HARLEYSVILLE PA 19438 |
|  | Title           | TREASURER             |                 |                       |

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: DENISE L. SKINGLE

ROTHERMEL. PETER J.

355 MAPLE AVENUE

City-State-Zip: HARLEYSVILLE PA 19438

SECRETARY

05/01/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date