

2021 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 PRESIDENT, DIRECTOR
Name SNYDER, HOLLY R.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

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

Title SECRETARY
Name SKINGLE, DENISE L.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

Title TREASURER
Name ROTHERMEL, PETER J.
Address 355 MAPLE AVENUE
City-State-Zip: HARLEYSVILLE PA 19438

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**SECRETARY****04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date