

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003895

FILED
Apr 29, 2015
Secretary of State
CC4574779580

Entity Name: HARLEYSVILLE WORCESTER INSURANCE COMPANY

Current Principal Place of Business:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Current Mailing Address:

355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

FEI Number: 04-1989660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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, DIRECTOR
Name BERVEN, MARK A
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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

Title VP, TREASURER
Name CROSSER, WENDELL P
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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

Title DIRECTOR
Name BOHANAN, GEOFFREY T
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name CLARK, THOMAS E
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name ENGEL, TYLER D
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name LEACH, MICHAEL P
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

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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

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ZIERKE, CHAD
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215