

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003895

**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           DIRECTOR, PRESIDENT, CHIEF  
                  OPERATING OFFICER  
Name           BERVEN, MARK A.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

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

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

Title           DIRECTOR  
Name           GOBBER, LISA E.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title           DIRECTOR  
Name           LEACH, MICHAEL P.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title           DIRECTOR  
Name           SHORE, AMY T.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title           DIRECTOR  
Name           SMITH, ERIC E.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title           TREASURER  
Name           BUEHLER, ROBERT A.  
Address        355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

**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:** DENISE L. SKINGLE

**SECRETARY**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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