

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003947

Entity Name: HARLEYSVILLE INSURANCE COMPANY

Current Principal Place of Business:

ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215

Current Mailing Address:

ONE WEST NATIONWIDE BLVD
COLUMBUS, OH 43215 US

FEI Number: 41-0417250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
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 ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title TREASURER
Name ROTHERMEL, PETER J.
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title SECRETARY
Name SKINGLE, DENISE L.
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name WILLIAMS, GEORGE MIDDLETON III
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name KEMPTON, CASEY
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name GUERRERO, OSCAR
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR
Name BEAL, CHARLES
Address ONE WEST NATIONWIDE BLVD
City-State-Zip: COLUMBUS OH 43215

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

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date