

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40155

Entity Name: HARLEYSVILLE LIFE INSURANCE COMPANY**Current Principal Place of Business:**355 MAPLE AVE.
HARLEYSVILLE, PA 19438**Current Mailing Address:**355 MAPLE AVE.
HARLEYSVILLE, PA 19438**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	VICE PRESIDENT AND SECRETARY
Name	HORNER, III, ROBERT W
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	VICE PRESIDENT AND TREASURER
Name	DWYER, TIMOTHY J
Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR, PRESIDENT AND CHIEF OPERATING OFFICER
Name	GOLATO, PETER A
Address	ONE NATIONWIDE PLAZA
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: HORNER, III , ROBERT WVICE PRESIDENT AND
SECRETARY

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date