

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003947

**Entity Name:** HARLEYSVILLE INSURANCE COMPANY

**Current Principal Place of Business:**

355 MAPLE AVE  
HARLEYSVILLE, PA 19438

**Current Mailing Address:**

355 MAPLE AVE  
HARLEYSVILLE, PA 19438

**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 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 CROSSER, WENDELL P  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR, PRESIDENT AND CHIEF OPERATING OFFICER  
Name BERVEN, MARK A  
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 BENISON, TRACEY M  
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

**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:** 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: COLUMGBUS OH 43215

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