

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2014
Secretary of State
CC3355561410

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 DWYER, TIMOTHY J
Address ONE NATIONWIDE PLAZA
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR, PRESIDENT AND CHIEF
OPERATING OFFICER-HARLEYSVILLE
Name BROWNE, MICHAEL L
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 W

**VICE PRESIDENT AND
SECRETARY**

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date