

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003947

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC7545813980**

**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 DPCE  
Name BROWNE, MICHAEL L  
Address 355 MAPLE AVE  
City-State-Zip: HARLEYSVILLE PA 19438

Title VP  
Name BOND, DAVID K  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title ASSOCIATE VICE PRESIDEN  
Name BAUER, ANGELA K  
Address 355 MAPLE AVENUE  
City-State-Zip: HARLEYSVILLE PA 19438

Title VP, ASSISTANT TREASURER  
Name DOVE, CAROL L  
Address ONE NATIONWIDE PLAZA  
PO BOX 182171  
City-State-Zip: COLUMBUS OH 43218

Title FINANCIAL BUSINESS DIRECTOR  
Name WOLFE, CHARLENE D  
Address 355 MAPLE AVE  
City-State-Zip: HARLEYSVILLE PA 19438

Title S  
Name HORNER III, ROBERT W  
Address ONE NATIONWIDE PLAZA  
PO BOX 182171  
City-State-Zip: COLUMBUS OH 43218

*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: CHARLENE D WOLFE**

**FINANCIAL BUSINESS  
DIRECTO**

**03/25/2013**

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

\_\_\_\_\_  
Date