

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213521384

1.) CORPORATION NAME:

**Harleysville Preferred Insurance Company**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0504185**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**GLEN ALLEN, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 355 Maple Avenue

CITY/ST/ZIP: HARLEYSVILLE, PA 19438

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: Michael L. Browne  
TITLE: PRESIDENT  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: Robert W. Horner III  
TITLE: SECRETARY  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: Carol L. Dove  
TITLE: TREASURER  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: Harry H. Hallowell  
TITLE: SVP - CIO  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: W. Kim Austen  
TITLE: DIRECTOR  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: Allan R. Becker  
TITLE: DIRECTOR  
ADDRESS: One Nationwide Plaza  
CITY/ST/ZIP/CO: Columbus, OH 43215

OFFICER

DIRECTOR

NAME: Arthur E. Chandler TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David W. Galloway III TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kevin M. Toth TITLE: DIRECTOR ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Robert W.Horner III	Robert W.Horner III,	5/3/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		