



QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC Group Code.....0140, 0140
(Current Period) (Prior Period)

NAIC Company Code..... 64327

Employer's ID Number..... 23-1580983

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type:

Life, Accident & Health

Incorporated/Organized..... November 29, 1960

Commenced Business..... June 12, 1961

Statutory Home Office

ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

800-882-2822

Mail Address

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Primary Location of Books and Records

ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220
(Street and Number) (City or Town, State, Country and Zip Code)

800-882-2822

Internet Web Site Address

WWW.HARLEYSVILLEGROUP.COM

(Area Code) (Telephone Number)

Statutory Statement Contact

ANDREA D IACOBONI

614-249-1545

(Name)

STATACT@NATIONWIDE.COM

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

877-669-5908

(Fax Number)

OFFICERS

Name
1. HOLLY RENEE SNYDER
3. PETER JUSTIN ROTHERMEL

Title
PRESIDENT
VP & TREASURER

Name
2. DENISE LYNN SKINGLE

Title
SVP & SECRETARY

PAMELA ANN BIESECKER

OTHER
SVP-HEAD OF TAXATION

JOHN LAUGHLIN CARTER
HOLLY RENEE SNYDER

DIRECTORS OR TRUSTEES
TIMOTHY GERARD FROMMEYER STEVEN ANDREW GINNAN

ERIC SHAWN HENDERSON

State of..... OHIO
County of..... FRANKLIN

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Holly Rene Snyder

(Signature)

HOLLY RENEE SNYDER

1. (Printed Name)

PRESIDENT

(Title)

D.S.

(Signature)

DENISE LYNN SKINGLE

2. (Printed Name)

SVP & SECRETARY

(Title)

Peter Justin Rothermel

(Signature)

PETER JUSTIN ROTHERMEL

3. (Printed Name)

VP & TREASURER

(Title)

Subscribed and sworn to before me
This 5th day of May



a. Is this an original filing?
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Yes [X] No []