

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815277

FILED
Apr 25, 2005
Secretary of State

Entity Name: HARLEYSVILLE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

355 MAPLE AVE.
HARLEYSVILLE, PA 19438

New Principal Place of Business:

Current Mailing Address:

355 MAPLE AVE.
HARLEYSVILLE, PA 19438

New Mailing Address:

FEI Number: 23-0902325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: PATKUS, MATTHEW L
Address: 5926 STOVER MILL RD
City-St-Zip: DOYLESTOWN, PA 18901

Title: D (X) Delete
Name: BROWN, W. THATCHER
Address: 360 BEAUMONT ROAD
City-St-Zip: DEVON, PA 19333

Title: D (X) Delete
Name: SCRANTON, WILLIAM W
Address: 201 PENN AVENUE
City-St-Zip: SCRANTON, PA 18503

Title: SVGC () Delete
Name: BROWN, ROGER A
Address: 214 OAKWOOD ROAD
City-St-Zip: WILMINGTON, DE 19803

Title: VP () Delete
Name: BEEKLEY, ROGER J
Address: 40 MAJOR ROAD
City-St-Zip: ROYERSFORD, PA 19468

Title: EVP () Delete
Name: CUMMINS, MARK R.
Address: 29 VALLEY DRIVE
City-St-Zip: TELFORD, PA 18969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: BROWNE, MICHAEL L
Address: 355 MAPLE AVENUE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVGC (X) Change () Addition
Name: KAUFFMAN, ROBERT A
Address: 355 MAPLE AVENUE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROGER J. BEEKLEY

VP

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date