

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 815277 (9)**  
 1. Corporation Name  
**HARLEYSVILLE MUTUAL INSURANCE COMPANY**



Principal Place of Business <b>355 MAPLE AVE.                  HARLEYSVILLE PENNSYLVANIA 19438</b>	Mailing Address <b>355 MAPLE AVE.                  HARLEYSVILLE PENNSYLVANIA 19438-2222</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/28/1961</b>	3a. Date of Last Report <b>04/29/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-0902325</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  PLAZA LEVEL 11-CAPITOL BLDG.                  TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATEMAN, WALTER R. II</b>	1.2 NAME	
STREET ADDRESS	<b>5926 STOVER MILL RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DOYLESTOWN PA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, W. THATCHER</b>	2.2 NAME	
STREET ADDRESS	<b>380 BEAUMONT ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEVON PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, MURIEL</b>	3.2 NAME	
STREET ADDRESS	<b>68 HICKORY HILL ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAPPAN NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAUGH, JOSEPH P JR</b>	4.2 NAME	
STREET ADDRESS	<b>238 ELM DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LANSDALE PA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODEN, THOMAS E.</b>	5.2 NAME	
STREET ADDRESS	<b>550 CANTERBURY RD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORRISTOWN PA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUMMINS, MARK R.</b>	6.2 NAME	
STREET ADDRESS	<b>59 HUNSBERGER ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TELFORD PA</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Mark R. Cummins* **Mark R. Cummins** **04/24/97** **(215) 256-5000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)