

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**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</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1961</b>	
21		26		4. FEI Number <b>23-0902325</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
				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's signature required when reinstating)

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>66 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 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 04/22/98 (215) 256-5000

CR2E034 (10/97)