

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90967 023 ***150.00

DOCUMENT # 815277

1. Entity Name
HARLEYSVILLE MUTUAL INSURANCE COMPANY

Principal Place of Business 355 MAPLE AVE. HARLEYSVILLE PA 19438	Mailing Address 355 MAPLE AVE. HARLEYSVILLE PA 19438
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-0902325	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 PLAZA LEVEL 11-CAPITOL BLDG.
 TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCEO	BATEMAN, WALTER R. II 5926 STOVER MILL RD DOYLESTOWN PA	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	18901
TITLE D	BROWN, W. THATCHER 360 BEAUMONT ROAD DEVON PA	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	19333
TITLE D	FOX, MURIEL 66 HICKORY HILL ROAD TAPPAN NY	TITLE William W. Scranton	201 Penn Avenue Scranton, PA 18503
TITLE SVGC	BROWN, ROGER A 214 OAKWOOD ROAD WILMINGTON DE 19803	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EVP	ROMAN, SPENCER M 1264 METTLER ROAD HUNTINGDON VALLEY PA 19006	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President Roger J. Beekley 40 Major Road Royersford, PA 19468
TITLE EVP	CUMMINS, MARK R. 59 HUNSBERGER ROAD TELFORD PA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	29 Valley Drive Telford, PA 18969 18969

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger J. Beekley* 4/17/01 215-256-5077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)