## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am secretary of State, 815277 DOCUMENT # 1. Entity Name HARLEYSVILLE MUTUAL INSURANCE COMPANY 05-19-2002 90173 031 \*\*\*150.00 Principal Place of Business Mailing Address 355 MAPLE AVE. 355 MAPLE AVE. HARLEYSVILLE PA 19438 HARLEYSVILLE PA 19438 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-0902325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **INSURANCE COMMISSIONER** Street Address (P.O. Box Number is Not Acceptable) PLAZA LEVEL 11-CAPITOL BLDG. TALLAHASSEE FL 32301 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PCEO** TITLE ☐ Delete ☐ Addition ☐ Change BATEMAN, WALTER R. II NAME 5926 STOVER MILL RD STREET ADDRESS STREET ADDRESS DOYLESTOWN PA 18901 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BROWN, W. THATCHER NAME NAME 360 BEAUMONT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEVON PA 19333** CITY-ST-7IP TITLE Delete TITLE Change Addition | FOX. MURIEL NAME William W. Scranton NAME 66 HICKORY HILL ROAD STREET ADDRESS STREET ADDRESS 201 Penn Avenue TAPPAN NY CITY-ST-ZIP CITY-ST-ZIP Scranton, PA 18503 SVGC TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROWN, ROGER A NAME NAME 214 OAKWOOD ROAD STREET ADDRESS STREET ADDRESS **WILMINGTON DE 19803** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEEKLEY, ROGER J NAME NAME **40 MAJOR ROAD** STREET ADDRESS STREET ADDRESS **ROYERSFORD PA 19468** CITY-ST-ZIP CITY-ST-ZIP

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 trustage 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 a but there have been proposered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EVP

CUMMINS, MARK R.

29 VALLEY DRIVE

TELFORD PA 18969

SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

04/23/02

<u> 215 256 - 507</u>7

Daytime Phone #

☐ Change

☐ Addition