FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40155** **(4)**

1. Corporation Name

HARLEYSVILLE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
355 MAPLE AVE. HARLEYSVILLE PA 19438	355 MAPLE AVE. HARLEYSVILLE PA 19438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **23-1580983** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
PLAZA LEVEL 11-CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
(Signature required for printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPC	11 TITLE		☐ Change ☐ Addition
NAME	WALTER R. BATEMAN, II	12 NAME		
STREET ADDRESS	5926 STOVER MILL ROAD	13 STREET ADDRESS		
CITY ST ZIP	DOYLESTOWN PA	14 CITY ST ZIP		
TITLE	EVP	21 TITLE		☐ Change ☐ Addition
NAME	WAYNE D. BUTZ	22 NAME		
STREET ADDRESS	18 BRIAR ROAD	23 STREET ADDRESS		
CITY ST ZIP	STRAFFORD PA	24 CITY ST ZIP		
TITLE	VPT	31 TITLE		☐ Change ☐ Addition
NAME	MARK R. CUMMINS	32 NAME		
STREET ADDRESS	59 HUNSBERGER ROAD	33 STREET ADDRESS		
CITY ST ZIP	TELFORD PA	34 CITY ST ZIP		
TITLE	VS	41 TITLE	VP	☒ Change ☐ Addition
NAME	GANNON, LUCINDA J.	42 NAME	Shelow, William J., Jr.	
STREET ADDRESS	HILLTOWN PIKE	43 STREET ADDRESS	106 Grandview Road	
CITY ST ZIP	HILLTOWN PA	44 CITY ST ZIP	Collegeville, PA 19426	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	DIGIAN, EDWARD J.	52 NAME		
STREET ADDRESS	559 N. PRINCE FREDERICK	53 STREET ADDRESS		
CITY ST ZIP	KING OF PRUSSIA PA	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	MANGUM, GLYN D.	62 NAME		
STREET ADDRESS	375 SCHOOL LANE	63 STREET ADDRESS		
CITY ST ZIP	TELFORD PA	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wayne D. Butz Wayne D. Butz, EVP & COO 4/25/95 (215) 256-50000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477230 FP