


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90013 046 ***150.00

DOCUMENT # P40155 1. Entity Name HARLEYSVILLE LIFE INSURANCE COMPANY					
Principal Place of Business 355 MAPLE AVE. HARLEYSVILLE, PA 19438			Mailing Address 355 MAPLE AVE. HARLEYSVILLE, PA 19438		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-1580983	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SHELOW, WILLIAM JOSEPH 5926 STOVER MILL ROAD DOYLESTOWN, PA		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO Shelow, William Joseph 355 Maple Avenue Harleysville, PA 19438	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MARK R. CUMMINS 59 HUNSBERGER ROAD TELFORD, PA		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Cummins, Mark R 355 Maple Avenue Harleysville, PA 19438	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BAUER, ANGELA K 846 CLOVER DRIVE NORTH WALES, PA 19454		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT Bauer, Angela K 355 Maple Avenue Harleysville, PA 19438	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FLETCHER, SUSAN C 355 MAPLE AVENUE HARLEYSVILLE, PA 19438		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Kauffman, Robert A 355 Maple Avenue Harleysville, PA 19438	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Angela K. Bauer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/08 215-256-5000 <small>Date Daytime Phone #</small>		