

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P40155 (4)
1. Corporation Name
HARLEYSVILLE LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **08/24/1992** 3a. Date of Last Report: **05/01/1995**
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 s. 199.03?, Florida Statutes: Yes No

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

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, 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: _____ (Signature, typed or printed name of registered agent and title, if applicable) (4.01) Registered Agent signature required when reinstating. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPC <input type="checkbox"/> DELETE	1.1 TITLE	Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER R. BATEMAN, II	1.2 NAME	
STREET ADDRESS	5928 STOVER MILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOYLESTOWN PA	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE D. BUTZ	2.2 NAME	
STREET ADDRESS	18 BRIAR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STRAFFORD PA	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK R. CUMMINS	3.2 NAME	
STREET ADDRESS	59 HUNSBERGER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TELFORD PA	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELOW, WILLIAM J. J	4.2 NAME	
STREET ADDRESS	106 GRANDVIEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIAN, EDWARD J.	5.2 NAME	
STREET ADDRESS	559 N. PRINCE FREDERICK	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, GLYN D.	6.2 NAME	
STREET ADDRESS	375 SCHOOL LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TELFORD PA	6.4 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)(k), Florida Statutes. I further certify that the information included 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 617, 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, President 06/10/96 215-256-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E034 (3/96)