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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 19436

Mailing Address  
355 MAPLE AVE.  
HARLEYSVILLE PA 19436-2222



3. Date Incorporated or Qualified 08/24/1992  
3a. Date of Last Report 06/18/1996

4. FET 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER R. BATEMAN, II	1.2 NAME	
STREET ADDRESS	5926 STOVER MILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOYLESTOWN PA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, GLYN D.	6.2 NAME	
STREET ADDRESS	375 SCHOOL LANE	6.3 STREET ADDRESS	40 S. Hunsberger Lane
CITY-ST-ZIP	TELFORD PA	6.4 CITY-ST-ZIP	Souderton, PA

14. I do 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 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: Mark R. Cummins 04/24/97 (215) 256-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)