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May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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	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**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **23-1580983**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☒ Change ☐ 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 18964

CR2E034 (10/97)

14. 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 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 04/22/98 (215) 256-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0520569