

'FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
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
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/24/1992

4. FEI Number 23-1580983	Applied For ☐ Not Applicable
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

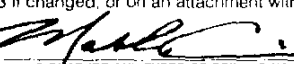
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALTER R. BATEMAN, II 5826 STOVER MILL ROAD DOYLESTOWN PA	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYNE D. BUTZ 18 BRIAR ROAD STRAFFORD PA	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARK R. CUMMINS 58 HUNSBERGER ROAD TELFORD PA	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELOW, WILLIAM J. J 108 GRANDVIEW ROAD COLLEGEVILLE PA	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIGIAN, EDWARD J. 559 N. PRINCE FREDERICK KING OF PRUSSIA PA	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANGUM, GLYN D. 375 SCHOOL LANE TELFORD PA	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☒ Change ☐ Addition

**40 S. Hunsberger Lane
Souderton, PA 18964**

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

0520669

CR2E034 (10/97)