

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90180 050 \*\*\*150.00

DOCUMENT # P40155

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME WALTER R. BATEMAN, II  
STREET ADDRESS 5926 STOVER MILL ROAD  
CITY-ST-ZIP DOYLESTOWN PA

TITLE PD ☐ DELETE

NAME WAYNE D. BUTZ  
STREET ADDRESS 18 BRIAR ROAD  
CITY-ST-ZIP STRAFFORD PA

TITLE VPT ☐ DELETE

NAME MARK R. CUMMINS  
STREET ADDRESS 59 HUNSBERGER ROAD  
CITY-ST-ZIP TELFORD PA

TITLE VP ☐ DELETE

NAME SHELOW, WILLIAM J. J  
STREET ADDRESS 106 GRANDVIEW ROAD  
CITY-ST-ZIP COLLEGEVILLE PA

TITLE V ☐ DELETE

NAME DIGIAN, EDWARD J.  
STREET ADDRESS 559 N. PRINCE FREDERICK  
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE VD ☐ DELETE

NAME MANGUM, GLYN D.  
STREET ADDRESS 375 SCHOOL LANE  
CITY-ST-ZIP TELFORD PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Wayne D. Butz Wayne D. Butz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (215) 256-5000

Date

Daytime Phone #

CR2E034 (11/98)