

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40155

1. Entity Name

HARLEYSVILLE LIFE INSURANCE COMPANY

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90013 047 ***550.00

Principal Place of Business

Mailing Address

355 MAPLE AVE.
HARLEYSVILLE PA 19438

355 MAPLE AVE.
HARLEYSVILLE PA 19438-2222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1580983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	WALTER R. BATEMAN, II	
STREET ADDRESS	5926 STOVER MILL ROAD	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAYNE D. BUTZ	
STREET ADDRESS	18 BRIAR ROAD	
CITY-ST-ZIP	STRAFFORD PA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MARK R. CUMMINS	
STREET ADDRESS	59 HUNSBERGER ROAD	
CITY-ST-ZIP	TELFORD PA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHELOW, WILLIAM J. J	
STREET ADDRESS	106 GRANDVIEW ROAD	
CITY-ST-ZIP	COLLEGEVILLE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIGIAN, EDWARD J.	
STREET ADDRESS	559 N. PRINCE FREDERICK	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANGUM, GLYN D.	
STREET ADDRESS	375 SCHOOL LANE	
CITY-ST-ZIP	TELFORD PA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela K. Bauer	
STREET ADDRESS	846 Clover Drive	
CITY-ST-ZIP	North Wales, PA 19454	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	421 Kingwood Road	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 S. Hunsberger Lane	
CITY-ST-ZIP	Souderton, PA 18964	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela K. Bauer **REQUIRED** Angela K. Bauer

6/14/2000

(215) 256-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (9/98)