

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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**

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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 has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

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

(If 11b. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPC** ☐ DELETE
NAME **WALTER R. BATEMAN, II**
STREET ADDRESS **5928 STOVER MILL ROAD**
CITY-ST-ZIP **DOYLESTOWN PA**

1.1 TITLE **Chairman, Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **EVP** ☐ DELETE
NAME **WAYNE D. BUTZ**
STREET ADDRESS **18 BRIAR ROAD**
CITY-ST-ZIP **STRAFFORD PA**

2.1 TITLE **President, Director** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPT** ☐ DELETE
NAME **MARK R. CUMMINS**
STREET ADDRESS **59 HUNSBERGER ROAD**
CITY-ST-ZIP **TELFORD PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **SHELOW, WILLIAM J. J**
STREET ADDRESS **106 GRANDVIEW ROAD**
CITY-ST-ZIP **COLLEGEVILLE PA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MANGUM, GLYN D.**
STREET ADDRESS **375 SCHOOL LANE**
CITY-ST-ZIP **TELFORD PA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne D. Butz Wayne D. Butz, President

06/10/96

215-256-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Copy

Original Filed

CR2E034 (3/96)