

'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 <input type="checkbox"/> 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER R. BATEMAN, II	1.2 NAME	
STREET ADDRESS	5826 STOVER MILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOYLESTOWN PA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK R. CUMMINS	3.2 NAME	
STREET ADDRESS	58 HUNSBERGER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TELFORD PA	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELOW, WILLIAM J. J	4.2 NAME	
STREET ADDRESS	108 GRANDVIEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGEVILLE PA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

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)