

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **815277 (9)**
1. Corporation Name
HARLEYSVILLE MUTUAL INSURANCE COMPANY

Principal Place of Business Mailing Address
355 MAPLE AVE. HARLEYSVILLE PENNSYLVANIA 19438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1961** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-0902325** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
PLAZA LEVEL 11-CAPITOL BLDG.
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 607.0501 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 of Current Registered Agent) _____ (Signature of New Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, WALTER R. II	1.2 NAME	
STREET ADDRESS	5926 STOVER MILL RD	1.3 STREET ADDRESS	
CITY, ST, ZIP	DOYLESTOWN PA	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, ROBERT JR	2.2 NAME	
STREET ADDRESS	111 CRESTWOOD CIR	2.3 STREET ADDRESS	
CITY, ST, ZIP	LANSDALE PA	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MURIEL	3.2 NAME	
STREET ADDRESS	66 HICKORY HILL ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	TAPPAN NY	3.4 CITY, ST, ZIP	
TITLE	SVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAUGH, JOSEPH P JR	4.2 NAME	
STREET ADDRESS	236 ELM DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	LANSDALE PA	4.4 CITY, ST, ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODEN, THOMAS E.	5.2 NAME	
STREET ADDRESS	550 CANTERBURY RD	5.3 STREET ADDRESS	
CITY, ST, ZIP	NORRISTOWN PA	5.4 CITY, ST, ZIP	
TITLE	EVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, JAMES C.	6.2 NAME	
STREET ADDRESS	437 WINDSOR DRIVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	HARLEYSVILLE PA	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)(b), 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: *James C. O'Neill* James C. O'Neill, EVP 4/25/95 215-256-5000
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Telephone #