

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **815277** (9)

1. Corporation Name
HARLEYSVILLE MUTUAL INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **06/28/1961**
3a. Date of Last Report: **05/01/1995**
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29
30

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
E1 Name
E2 Street Address (P.O. Box Number is Not Acceptable)
E3
E4 City: **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.04-02 and 607.1504, 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: _____ DATE: _____
Signature of officer or director or registered agent of the corporation. (Initials) Registered Agent signature is optional when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO BATEMAN, WALTER R. II 5926 STOVER MILL RD DOYLESTOWN PA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIMPSON, ROBERT JR 111 CRESTWOOD CIR LANSDALE PA	2.1 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D FOX, MURIEL 66 HICKORY HILL ROAD TAPPAN NY	2.2 NAME	Brown, W. Thacher 360 Beaumont Road Devon, PA 19333
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SVP CRAUGH, JOSEPH P JR 236 ELM DRIVE LANSDALE PA	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP RODEN, THOMAS E. 550 CANTERBURY RD NORRISTOWN PA	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	6.2 NAME	SVP/CIO/T Cummins, Mark R. 59 Hunsberger Road Telford, PA 18969
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	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 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 or changed, or on an attachment with an address.

SIGNATURE: *Roger J. Beekley* **Roger J. Beekley** 4/24/96 (215)256-5000
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Vice President-Controller

CR2E034 (12/95)