

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19438-2222
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/28/1961	3a. Date of Last Report 04/29/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-0902325	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER PLAZA LEVEL 11-CAPITOL BLDG. TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, W. THATCHER	2.2 NAME	
STREET ADDRESS	380 BEAUMONT ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DEVON PA	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MURIEL	3.2 NAME	
STREET ADDRESS	68 HICKORY HILL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAPPAN NY	3.4 CITY - ST - ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAUGH, JOSEPH P JR	4.2 NAME	
STREET ADDRESS	238 ELM DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LANSDALE PA	4.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	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	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINS, MARK R.	6.2 NAME	
STREET ADDRESS	59 HUNSBERGER ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TELFORD PA	6.4 CITY - ST - ZIP	

14. I do 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* **Mark R. Cummins** **04/24/97** **(215) 256-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)