

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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1961	
21	22	26	27	4. FEI Number 23-0902325	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		
25	30				

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			
				84	City	FL	85

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's 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	66 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 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 04/22/98 (215) 256-5000

CR2E034 (10/97)