

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90012 046 \*\*\*150.00

**DOCUMENT # 815277**

1. Entity 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>23-0902325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER PLAZA LEVEL 11-CAPITOL BLDG. TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>32399-0300</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>BATEMAN, WALTER R. II</b> <b>5928 STOVER MILL RD</b> <b>DOYLESTOWN PA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   <b>18901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, W. THATCHER</b> <b>360 BEAUMONT ROAD</b> <b>DEVON PA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   <b>19333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOX, MURIEL</b> <b>66 HICKORY HILL ROAD</b> <b>TAPPAN NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   <b>10983-1804</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC</b> <b>BROWN, ROGER A</b> <b>214 OAKWOOD ROAD</b> <b>WILMINGTON DE 19803</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>EVP</b> <b>ROMAN, SPENCER M</b> <b>1264 METTLER ROAD</b> <b>HUNTINGDON VALLEY PA 19006</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President</b> <b>Roger J. Beekley</b> <b>40 Major Road</b> <b>Royersford, PA 19468</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>EVP</b> <b>CUMMINS, MARK R.</b> <b>59 HUNSBERGER ROAD</b> <b>TELFORD PA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   <b>18969</b>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Roger J. Beekley* **ROGER J. BEEKLEY** **4/19/2000** **(215) 256-5077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)