


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90013 044 ***150.00

DOCUMENT # 815277					
1. Entity Name HARLEYSVILLE MUTUAL INSURANCE COMPANY					
Principal Place of Business 355 MAPLE AVE. HARLEYSVILLE, PA 19438			Mailing Address 355 MAPLE AVE. HARLEYSVILLE, PA 19438		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-0902325	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNE, MICHAEL L	NAME			
STREET ADDRESS	355 MAPLE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HARLEYSVILLE, PA 19438	CITY-ST-ZIP			
TITLE	SVGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAUFFMAN, ROBERT A	NAME			
STREET ADDRESS	355 MAPLE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HARLEYSVILLE, PA 19438	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEEKLEY, ROGER J	NAME			
STREET ADDRESS	40 MAJOR ROAD	STREET ADDRESS			
CITY-ST-ZIP	ROYERSFORD, PA 19468	CITY-ST-ZIP			
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINS, MARK R	NAME	EVP		
STREET ADDRESS	29 VALLEY DRIVE	STREET ADDRESS	Cummins, Mark R		
CITY-ST-ZIP	TELFORD, PA 18969	CITY-ST-ZIP	355 Maple Avenue		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VP		
STREET ADDRESS		STREET ADDRESS	Bauer, Angela K		
CITY-ST-ZIP		CITY-ST-ZIP	355 Maple Avenue		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Angela K. Bauer</u>		3/10/08		215-256-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

