

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815277

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** HARLEYSVILLE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

355 MAPLE AVE.  
HARLEYSVILLE, PA 19438

**New Principal Place of Business:**

**Current Mailing Address:**

355 MAPLE AVE.  
HARLEYSVILLE, PA 19438

**New Mailing Address:**

FEI Number: 23-0902325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: BROWNE, MICHAEL L  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: SVGC  
Name: KAUFFMAN, ROBERT A  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: EVP  
Name: CUMMINS, MARK R  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP  
Name: BAUER, ANGELA K  
Address: 355 MAPLE AVENUE  
City-St-Zip: HARLEYSVILLE, PA 19438

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA K BAUER

VP

03/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date