

HARLEYSVILLE INSURANCE POLITICAL ACTION COMMITTEE – FEDERAL
“HIPAC – FED”

355 MAPLE AVENUE
HARLEYSVILLE, PENNSYLVANIA 17033

John F. Weaver
Vice President
International Affairs Counsel

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -3 P 3:18

355 Maple Avenue
Harleysville, PA 17033
(215) 256-5022
Fax: (215) 256-5601
jweaver@harleysvillegroup.com

January 28, 2000

Mr. Neil Evans
Reports Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: Identification No. COO123950

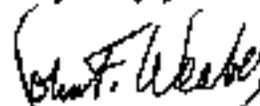
Dear Mr. Evans:

As discussed, enclosed is a Statement of Organization which reflects Harleysville Group Inc, as opposed to Harleysville Insurance, as part of our official committee name. Based on your response to my telephone inquiry on January 27, 2000, we will continue to use our former name designation, along with HIPAC-FED, on our stationery and for checking account transactions.

Incidentally, the enclosed Statement indicates in Box 4 that we are filing this Report as “An Amendment.” The amendment is in regard to our change of banking relationships, effective January, 2000.

If further clarification is required, please advise.

Very truly yours,



John F. Weaver

JFW:nd
Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL: <input checked="" type="checkbox"/> (Check if name is changed) HARLEYSVILLE GROUP INC, POLITICAL ACTION COMMITTEE - FEDERAL (HIPAC-FED) | 2. DATE January 27, 2000 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 355 Maple Avenue | 3. FEC Identification Number 000123950 |
| (c) City, State and ZIP Code Harleysville, PA 19438 | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
 (name of candidate) _____
- (d) This committee is a _____ committee of the _____ Party.
 (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|--|--------------|
| Harleysville Group Inc. | 355 Maple Avenue Harleysville, PA 19438 | Connected |
| Harleysville Insurance PAC | | Affiliated |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
| | | |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
| | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--|---|
| Harleysville National Bank & Trust Co. | 483 Main Street, Harleysville, PA 19438 |

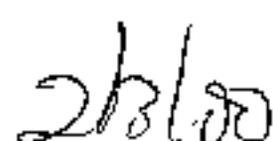
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | | |
|---|----------------------------|-----------------|
| TYPE OR PRINT NAME OF TREASURER John F. Weaver | SIGNATURE OF TREASURER | DATE 1/27/00 |
|---|----------------------------|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
|---|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED 1/28/00 |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  PREPARER |  DATE PREPARED |