

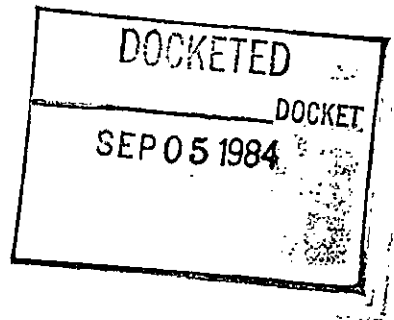


COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

August 31, 1984

IN REPLY PLEASE
REFER TO OUR FILE

A. 105185



Harleyville Mutual Insurance Co.
355 Maple Avenue
Harleyville, PA 19438

Subject: Form E UCPC-31 UCPC-33 _____

The enclosed insurance filing is being returned for the following reason (s):

- Incorrect name of insured. Insurance should be issued in the name of: Kevin R. McHale t/d/b/a McHale Delivery Service
- Incorrect form issued. Reissue using:
- Unacceptable as proof of insurance. Have insurance company submit a:
- Form has not been signed by authorized company representative.
- No amount of coverage shown.
- Amount of coverage does not meet required minimum of \$2500.
- No effective date shown.
- No termination date shown.
- No record of insurance coverage on file.
- Need reinstatement notice Form IRB2271.
- Reinstatement date does not match cancellation date.

Please submit the correct and proper insurance filing to our office as soon as possible. Failure to do so may result in suspension and/or cancellation of authorized PUC rights.

If you have any questions concerning the above, please contact the Insurance Section at 717-787-3113.

Very truly yours,

Deborah Koppenhaver
Insurance Section



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P. O. BOX 3265, HARRISBURG, Pa. 17120

November 1, 1984

IN REPLY PLEASE
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A. 105185

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355 Maple Ave.
Harleysville, PA 19438

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DOCKETED

NOV 2 - 1984

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If you have any questions concerning the above, please contact the Insurance Section at 717-787-3118. 4

Very truly yours,

Jacqueline M. Egan

Insurance Section