FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15594 (5)

1. Corporation Name
HARLEYSVILLE-ATLANTIC INSURANCE COMPANY

Principal Place of Business	Mailing Address
17 WEST MCDONOUGH STREET SAVANNAH GA 31401-3949	17 WEST MCDONOUGH STREET SAVANNAH GA 31401-3949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1732699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 355 Maple Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Harleysville, PA
24 Zip / 25 Country	29 Zip: 19438-2297 / 30 Country: Montgomery

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
PLAZA LEVEL 11
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDCO	1.1 TITLE		☐ Change ☐ Addition
NAME	AYRES, JAMES D	1.2 NAME		
STREET ADDRESS	2503 RIDGEPOINT CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLEASANT GARDEN NC	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CAPERS F. JR.	2.2 NAME		
STREET ADDRESS	543 E. 50TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	C/CEO	☒ Change ☐ Addition
NAME	BATEMAN, WALTER R. II	3.2 NAME		
STREET ADDRESS	5926 STOVER MILL RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	DOYLESTOWN PA	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINS, MARK R	4.2 NAME		
STREET ADDRESS	59 HUNSBERGER ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TELFORD PA	4.4 CITY-ST-ZIP		
TITLE	~~V~~	5.1 TITLE	CFO	☒ Change ☐ Addition
NAME	~~CLANCY KEVIN R~~	5.2 NAME	Kelley, Thomas C. Jr.	
STREET ADDRESS	~~10 CEDAR COVE~~	5.3 STREET ADDRESS	16 Shad River Road	
CITY-ST-ZIP	~~SAVANNAH GA~~	5.4 CITY-ST-ZIP	Savannah, GA 31410	
TITLE	~~S~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~GANNON LUCINDA K~~	6.2 NAME	O'Neill, James C.	
STREET ADDRESS	~~HILLTOWN PIKE~~	6.3 STREET ADDRESS	437 Windsor Drive	
CITY-ST-ZIP	~~HILLTOWN PA~~	6.4 CITY-ST-ZIP	Harleysville, PA 19438	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. O'Neill, Director 4/25/95 215-256-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400001 FN