FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P15594** **(5)**

1. Corporation Name
HARLEYSVILLE-ATLANTIC INSURANCE COMPANY

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

Mailing Address
355 MAPLE AVENUE
HARLEYSVILLE PA 19438-2297
US

3. Date Incorporated or Qualified: 08/14/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 24 Drayton Street
Suite, Apt. #, etc.: 22 Suite 400
City & State: 23 Savannah, GA
Zip: 24 31401
Country: 25 Chatham

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

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

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
E1 Name
E2 Street Address (P.O. Box Number is Not Acceptable)
E3
E4 City FL 85 Zip Code

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's signature required on new filing. DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCO	☐ DELETE
NAME	AYRES, JAMES D	
STREET ADDRESS	2503 RIDGEPOINT CIRCLE	
CITY-ST-ZIP	PLEASANT GARDEN NC	
TITLE	VP	☐ DELETE
NAME	SMITH, CAPERS F. JR.	
STREET ADDRESS	543 E. 50TH STREET	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	CCEO	☐ DELETE
NAME	BATEMAN, WALTER R. II	
STREET ADDRESS	5926 STOVER MILL RD	
CITY-ST-ZIP	DOYLESTOWN PA	
TITLE	T	☐ DELETE
NAME	CUMMINS, MARK R	
STREET ADDRESS	59 HUNSBERGER ROAD	
CITY-ST-ZIP	TELFORD PA	
TITLE	CFO	☐ DELETE
NAME	KELLEY, THOMAS C. JR.	
STREET ADDRESS	16 SHAD RIVER ROAD	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	D	☒ DELETE
NAME	O'NEILL, JAMES C.	
STREET ADDRESS	437 WINDSOR DRIVE	
CITY-ST-ZIP	HARLEYSVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST-ZIP		
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Roden, Thomas E.	
6.3 STREET ADDRESS	119 Sawgrass Road	
6.4 CITY ST-ZIP	Blue Bell, PA 19422	

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)(k), 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: Mark Cummins — Mark R. Cummins, Treasurer (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/24/96 (DATE) — (215) 256-5000 (Daytime Phone #)

CR2E034 (12/95)