## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # P15594** HARLEYSVILLE-ATLANTIC INSURANCE COMPANY 05-05-2000 90012 047 \*\*\*150.00 Mailing Address Principal Place of Business 355 MAPLE AVENUE 24 DRAYTON STREET HARLEYSVILLE PA 19438-2222 SUITE 400 SAVANNAH GA 31401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 58-1732699 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired 19438-2297 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLORIDA INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING PLAZA LEVEL 11 TALLAHASSEE FL Zip Code 32399-0300 8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Gamma$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **K** Addition Change **PDCO** ☐ Delete TITLE TITLE AYRES, JAMES D NAME NAME STREET ADDRESS 2503 RIDGEPOINT CIRCLE STREET ADDRESS CITY-ST-ZIP 27313 CITY-ST-7IP PLEASANT GARDEN NO Vice President X-Addition TX Delete ☐ Change TITLE TITLE Roger J. Beekley NAME NAME SMITH, CAPERS F. JR. 40 Major Road STREET ADDRESS STREET ADDRESS 543 E. 50TH STREET CITY-ST-ZIP CITY-ST-ZIP Roversford, PA 19468 SAVANNAH GA Change X Addition CCEO Delete TITLE BATEMAN, WALTER R. II NAME NAME STREET ADDRESS STREET ADDRESS 5926 STOVER MILL RD 18901 CITY-ST-ZIP CITY-ST-ZIP DOYLESTOWN PA Change Addition ☐ Delete TITLE TITLE NAME CUMMINS, MARK R NAME **59 HUNSBERGER ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 18969 CITY-ST-7IP TELFORD PA X Addition ☐ Change ☐ Delete TITLE TITLE BROWN, ROGER A. NAME STREET ADDRESS STREET ADDRESS 214 OAK WOOD ROAD CITY-ST-ZIP CITY-ST-ZIP 19803 WILMINGTON DE X) Delete Assistant Treasurer Change Addition TITLE TITLE RODEN, THOMAS E. NAME Angela K. Bauer NAME STREET ADDRESS 119 SAWGRASS ROAD STREET ADDRESS 11 David Drive

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

BLUE BELL PA

CITY-ST-ZIP

GROND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000

19468

Royersford, PA

(215) 256-5077

Daytime Phone #