

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15594

FILED
Mar 05, 2009
Secretary of State

Entity Name: HARLEYSVILLE-ATLANTIC INSURANCE COMPANY

Current Principal Place of Business:

5901 PEACHTREE DUNWOODY ROAD
SUITE A100
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

355 MAPLE AVENUE
HARLEYSVILLE, PA 194382297 US

New Mailing Address:

FEI Number: 58-1732699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCO () Delete
Name: ACQUESTA, EDMUND
Address: 5901 PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

Title: VP () Delete
Name: BEEKLEY, ROGER J
Address: 40 MAJOR RD
City-St-Zip: ROYERSFORD, PA 19468

Title: T () Delete
Name: CUMMINS, MARK R
Address: 355 MAPLE AVE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: S () Delete
Name: KAUFFMAN, ROBERT A
Address: 355 MAPLE AVENUE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: AT () Delete
Name: BAUER, ANGELA K
Address: 355 MAPLE AVE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP () Delete
Name: SOUTHARD, ROBERT JR
Address: 355 MAPLE AVE
City-St-Zip: HARLEYSVILLE, PA 19438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCO (X) Change () Addition
Name: BENJAMIN, GILBERT M
Address: 5901 PEACHTREE DUNWOODY RD
City-St-Zip: ATLANTA, GA 30328

Title: VP (X) Change () Addition
Name: BOND, DAVID K
Address: 355 MAPLE AVENUE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MAJEWSKI, THEODORE A
Address: 355 MAPLE AVE
City-St-Zip: HARLEYSVILLE, PA 19438

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA K BAUER

AT

03/05/2009

Electronic Signature of Signing Officer or Director

Date