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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

24 DRAYTON STREET
SUITE 400
SAVANNAH GA 31401
US

Mailing Address

355 MAPLE AVENUE
HARLEYSVILLE PA 19438-2297
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1987

4. FEI Number

58-1732699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

TITLE ☐ DELETE

NAME PDCO
AYRES, JAMES D
STREET ADDRESS 2503 RIDGEPOINT CIRCLE
CITY-ST-ZIP PLEASANT GARDEN NC

TITLE ☐ DELETE

NAME VPVF
SMITH, CAPERS F. JR.
STREET ADDRESS 543 E. 50TH STREET
CITY-ST-ZIP SAVANNAH GA

TITLE ☐ DELETE

NAME CCEO
BATEMAN, WALTER R. II
STREET ADDRESS 5926 STOVER MILL RD
CITY-ST-ZIP DOYLESTOWN PA

TITLE ☐ DELETE

NAME T
CUMMINS, MARK R
STREET ADDRESS 59 HUNSBERGER ROAD
CITY-ST-ZIP TELFORD PA

TITLE ☐ DELETE

NAME S
BROWN, ROGER A.
STREET ADDRESS 214 OAK WOOD ROAD
CITY-ST-ZIP WILMINGTON DE

TITLE ☐ DELETE

NAME D
RODEN, THOMAS E.
STREET ADDRESS 119 SAWGRASS ROAD
CITY-ST-ZIP BLUE BELL 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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 *Mark R. Cummins* Mark R. Cummins

04/22/98

(215) 256-5000

CR2E034 (10/97)