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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90181 003 \*\*\*150.00

DOCUMENT # P15594

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  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

24 Zip 25 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
PLAZA LEVEL 11  
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PDCO ☐ DELETE

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

TITLE VPVF ☐ 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 S ☐ DELETE

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

TITLE D ☐ DELETE

NAME 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

Roger A. Brown

4/23/99

(215) 256-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)