

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P15594**

1. Entity Name

HARLEYSVILLE-ATLANTIC INSURANCE COMPANY**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90967 024 ***150.00

0670255

Principal Place of Business

**24 DRAYTON STREET
SUITE 400
SAVANNAH GA 31401
US**

Mailing Address

**355 MAPLE AVENUE
HARLEYSVILLE PA 19438-2297
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1732699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
PLAZA LEVEL 11
TALLAHASSEE FL 32399-0300**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PDCO						
	AYRES, JAMES D	2503 RIDGEPOINT CIRCLE	PLEASANT GARDEN NC 27313				
	VP						
	BEEKLEY, ROGER J	40 MAJOR RD	ROYERSFORD PA 19468				
	CCEO						
	BATEMAN, WALTER R. II	5926 STOVER MILL RD	DOYLESTOWN PA				
	T						
	CUMMINS, MARK R	59 HUNSBERGER ROAD	TELFORD PA				
	S						
	BROWN, ROGER A.	214 OAK WOOD ROAD	WILMINGTON DE				
	AT						
	BAUER, ANGELA K	11 DAVID DR	ROYERSFORD PA 19468				

13. 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 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

215-256-5077

Daytime Phone #

CR2E034 (10/00)