


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90013 045 \*\*\*150.00

<b>DOCUMENT # P15594</b> 1. Entity Name <b>HARLEYSVILLE-ATLANTIC INSURANCE COMPANY</b>					
Principal Place of Business <b>5901 PEACHTREE DUNWOODY ROAD SUITE A100 ATLANTA, GA 30328 US</b>				Mailing Address <b>355 MAPLE AVENUE HARLEYSVILLE, PA 19438-2297 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDCO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACUESTA, EDMUND		NAME		
STREET ADDRESS	5901 PEACHTREE DUNWOODY RD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEKLEY, ROGER J		NAME		
STREET ADDRESS	40 MAJOR RD		STREET ADDRESS		
CITY-ST-ZIP	ROYERSFORD, PA 19468		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUMMINS, MARK R		NAME	Cummins, Mark R	
STREET ADDRESS	59 HUNSBERGER ROAD		STREET ADDRESS	355 Maple Avenue	
CITY-ST-ZIP	TELFORD, PA		CITY-ST-ZIP	Harleysville, PA 19438	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFFMAN, ROBERT A		NAME		
STREET ADDRESS	355 MAPLE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HARLEYSVILLE, PA 19438		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, ANGELA K		NAME	Bauer, Angela K	
STREET ADDRESS	11 DAVID DR		STREET ADDRESS	355 Maple Avenue	
CITY-ST-ZIP	ROYERSFORD, PA 19468		CITY-ST-ZIP	Harleysville, PA 19438	
TITLE	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Southard, Robert, Jr.	
STREET ADDRESS			STREET ADDRESS	355 Maple Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Harleysville, PA 19438	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Angela K Bauer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/08 <small>Date</small>		215-256-5000 <small>Daytime Phone #</small>