2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15594

FILED Mar 09, 2011 Secretary of State

Entity Name: HARLEYSVILLE-ATLANTIC INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

5901 PEACHTREE DUNWOODY ROAD SUITE A100

ATLANTA, GA 30328 US

Current Mailing Address: New Mailing Address:

355 MAPLE AVENUE

HARLEYSVILLE, PA 194382297 US

FEI Number: 58-1732699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

OFFICERS AND DIRECTORS:

Title: PDCO

Name: CLARK, THOMAS E

Address: 5901 PEACHTREE DUNWOODY RD

City-St-Zip: ATLTANTA, GA 30328

Title: VP

 Name:
 BOND, DAVID K

 Address:
 355 MAPLE AVENUE

 City-St-Zip:
 HARLEYSVILLE, PA 19438

Title: 7

Name: CUMMINS, MARK R Address: 355 MAPLE AVE

City-St-Zip: HARLEYSVILLE, PA 19438

Title:

Name: KAUFFMAN, ROBERT A Address: 355 MAPLE AVENUE City-St-Zip: HARLEYSVILLE, PA 19438

Title: AT

Name: BAUER, ANGELA K Address: 355 MAPLE AVE

City-St-Zip: HARLEYSVILLE, PA 19438

Title: VP

Name: MAJEWSKI, THEODORE A Address: 355 MAPLE AVE City-St-Zip: HARLEYSVILLE, PA 19438

I hereby 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 all other like empowered.

SIGNATURE: ANGELA K BAUER AT 03/09/2011