

F09000003951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

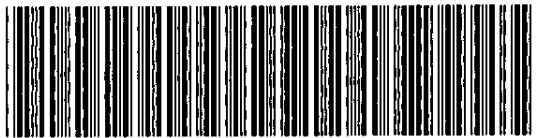
(Business Entity Name)

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**DEPARTMENT OF STATE
FILING COVER SHEET**

Date: 10/6/09

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen (261)

Corporation Name: Harleysville Preferred Insurance Company

Entity Number (if applicable): _____

Authorization: Kim Pullen

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 Plain Copy
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<input checked="" type="checkbox"/>	PROFIT		AMENDMENT
<input checked="" type="checkbox"/>	NONPROFIT		RESIGNATION OF R.A., OFFICER/DIRECTOR
	LIMITED LIABILITY		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
	OTHER		MERGER
	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
			TRADEMARK
			OTHER

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Client: 44542 Matter: 40310

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	FICTITIOUS NAME		LIMITED PARTNERSHIP
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			OTHER

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Harleysville Preferred Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-2384978
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/30/1985 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 355 Maple Avenue, Harleysville, PA 19438
(Principal office address)

355 Maple Avenue, Harleysville, PA 19438
(Current mailing address)

8. Conduct property & casualty insurance business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: 200 East Gaines Street


Tallahassee, Florida 32399
(City) (Zip code)

NOTE: KELLY A. CRUZ-BROWN, ESQ., LOCATED AT 215 SOUTH MONROE STREET, SUITE 500, TALLAHASSEE, FLORIDA 32301, IS APPOINTED AS THE PERSON TO WHOM PROCESS AGAINST THE COMPANY MAY BE FORWARDED TO ONCE SERVICE AGAINST THE CHIEF FINANCIAL OFFICER

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Addendum 1

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Addendum 1

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *D. W. Galloway*

(Signature of Director or Officer listed in number 12 of the application)

14. David W. Galloway, Director

(Typed or printed name and capacity of person signing application)

Addendum 1 to Application by Foreign Corporation for Authorization to Transact Business in Florida

Harleysville Preferred Insurance Company

12.A. DIRECTORS

Allan R. Becker
Director
355 Maple Avenue
Harleysville, PA 19438

Michael L. Browne
Director
355 Maple Avenue
Harleysville, PA 19438

Arthur E. Chandler
Director
355 Maple Avenue
Harleysville, PA 19438

Mark R. Cummins
Director
355 Maple Avenue
Harleysville, PA 19438

David W. Galloway
Director
355 Maple Avenue
Harleysville, PA 19438

Robert A. Kauffman
Director
355 Maple Avenue
Harleysville, PA 19438

Kevin M. Toth
Director
355 Maple Avenue
Harleysville, PA 19438

12.B. OFFICERS

Michael L. Browne
Chairman & President
355 Maple Avenue
Harleysville, PA 19438

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Mark R. Cummins
Treasurer
355 Maple Avenue
Harleysville, PA 19438

Robert A. Kauffman
Secretary
355 Maple Avenue
Harleysville, PA 19438

Allan R. Becker
Vice President & Chief Actuary
355 Maple Avenue
Harleysville, PA 19438

David K. Bond
Vice President
355 Maple Avenue
Harleysville, PA 19438

Theodore A. Majewski
Vice President
355 Maple Avenue
Harleysville, PA 19438

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 30, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

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TALLAHASSEE, FLORIDA

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I DO HEREBY CERTIFY THAT,

HARLEYSVILLE PREFERRED INSURANCE COMPANY

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Cortis

Secretary of the Commonwealth