

1.) CORPORATION NAME:

Harley-Davidson Insurance Services, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1323676**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3850 ARROWHEAD DR

CITY/ST/ZIP: CARSON CITY, NV 89706-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LAWRENCE G HUND
TITLE: PRESIDENT
ADDRESS: 222 W ADAMS ST
STE 2000
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: JAMES R PARKINSON
TITLE: VICE PRESIDENT
ADDRESS: 222 WEST ADAMS ST
STE 2000
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: R J SEAWARD
TITLE: VP/S
ADDRESS: 222 WEST ADAMS ST
STE 2000
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: PERRY GLASGOW
TITLE: ASST TREASURER
ADDRESS: 3700 W. JUNEAU AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53208-

OFFICER

DIRECTOR

NAME: JAMES DARRELL THOMAS
TITLE: TREASURER
ADDRESS: 3700 W. JUNEAU AVE.
CITY/ST/ZIP/CO: MILWAUKEE, WI 53208-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFRED C. ELY VICE PRESIDENT 1801 ALMA DRIVE PLANO, TX 75075-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM S. JUE ASST SECRETARY 222 WEST ADAMS ST STE 2000 CHICAGO, IL 60606-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEGAN B. BOWEN ASST SECRETARY 3850 ARROWHEAD DRIVE CARSON CITY, NV 89706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA GREER ASST SECRETARY 3850 ARROWHEAD DRIVE CARSON CITY, NV 89706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ WILLIAM S. JUE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM S. JUE, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/17/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.