

1.) CORPORATION NAME:

**Harley-Davidson Insurance Services, Inc.**

DUE DATE: **1/31/2012**

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**

SCC ID NO: **F1323676**

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: ALFRED C. ELY  
TITLE: VICE PRESIDENT  
ADDRESS: 1801 ALMA DRIVE  
CITY/ST/ZIP/CO: PLANO, TX 75075-

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: WILLIAM S. JUE  
TITLE: ASST SEC  
ADDRESS: 222 WEST ADAMS ST  
STE 2000  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

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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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DARRELL THOMAS TREASURER 3700 W. JUNEAU AVE. MILWAUKEE, WI 53208-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PERRY GLASGOW ASST TREASURER 3700 W. JUNEAU AVE MILWAUKEE, WI 53208-	<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.

/s/ WILLIAM S. JUE	WILLIAM S. JUE, ASST SEC	12/20/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.