

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

<p>NAME: LAWRENCE G HUND TITLE: PRESIDENT ADDRESS: 222 W ADAMS ST STE 2000 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALFRED C. ELY TITLE: VICE PRESIDENT ADDRESS: 1801 ALMA DRIVE CITY/ST/ZIP/CO: PLANO, TX 75075</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES R PARKINSON TITLE: VICE PRESIDENT ADDRESS: 222 WEST ADAMS ST STE 2000 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: R J SEAWARD TITLE: VP/S ADDRESS: 222 WEST ADAMS ST STE 2000 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM S. JUE TITLE: ASST SEC ADDRESS: 222 WEST ADAMS ST STE 2000 CITY/ST/ZIP/CO: CHICAGO, IL 60606</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MEGAN B. BOWEN TITLE: ASST SECRETARY ADDRESS: 3850 ARROWHEAD DRIVE CITY/ST/ZIP/CO: CARSON CITY, NV 89706</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: THERESA GREER TITLE: ASST SECRETARY ADDRESS: 3850 ARROWHEAD DRIVE CITY/ST/ZIP/CO: CARSON CITY, NV 89706	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JAMES DARRELL THOMAS TITLE: TREASURER ADDRESS: 3700 W. JUNEAU AVE. CITY/ST/ZIP/CO: MILWAUKEE, WI 53208	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PERRY GLASGOW TITLE: ASST TREASURER ADDRESS: 3700 W. JUNEAU AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53208	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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	3/5/2013
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.		