

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE G HUND	
TITLE:	PRESIDENT	
ADDRESS:	222 W ADAMS ST	
	STE 2000	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALFRED C. ELY	
TITLE:	VICE PRESIDENT	
ADDRESS:	1801 ALMA DRIVE	
CITY/ST/ZIP/CO:	PLANO, TX 75075	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES R PARKINSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	222 WEST ADAMS ST	
	STE 2000	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RJ SEAWARD	
TITLE:	VP/S	
ADDRESS:	222 WEST ADAMS ST	
	STE 2000	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL SULENTIC	
TITLE:	VICE PRESIDENT	
ADDRESS:	222 W ADAMS STREET	
	SUITE 2000	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM S. JUE	
TITLE:	ASST SEC	
ADDRESS:	222 WEST ADAMS ST	
	STE 2000	
CITY/ST/ZIP/CO:	CHICAGO, IL 60606	

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
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
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
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
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	1/26/2015	
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.			