

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

5-7-95 8-5033
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. McClain
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
 AND
 FILED**

95 MAY -1 PM 11:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 812794 (6)

1. Corporation Name

HARCO NATIONAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

2850 WEST GOLF RD.
 P.O. BOX 68309 SCHAUMBURG, IL 60168
 ROLLING MEADOWS IL 60008

2850 WEST GOLF RD.
 P.O. BOX 68309 SCHAUMBURG, IL 60168
 ROLLING MEADOWS IL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/19/1958** 3a. Date of Last Report **03/08/1994**

4. FEI Number **13-6108721** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32304**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VC
NAME	HILL, ANDREW C.
STREET ADDRESS	2850 WEST GOLF ROAD
CITY - ST - ZIP	ROLLING MEADOWS IL
TITLE	VAS
NAME	KIMPLE, DAVID E.
STREET ADDRESS	2850 WEST GOLF RD.
CITY - ST - ZIP	ROLLING MEADOWS IL
TITLE	V
NAME	KALBERG, MARIBETH
STREET ADDRESS	2850 WEST GOLF RD.
CITY - ST - ZIP	ROLLING MEADOWS IL
TITLE	P
NAME	BONGIORNO, JOHN J
STREET ADDRESS	2850 WEST GOLF RD.
CITY - ST - ZIP	ROLLING MEADOWS IL
TITLE	V
NAME	SILVER, THOMAS D.
STREET ADDRESS	2850 WEST GOLF RD.
CITY - ST - ZIP	ROLLING MEADOWS IL
TITLE	VS
NAME	JONES, WILLIAM W.
STREET ADDRESS	2850 WEST GOLF RD.
CITY - ST - ZIP	ROLLING MEADOWS IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cochran, Phyllis E.
13 STREET ADDRESS	2850 West Golf Road
14 CITY - ST - ZIP	Rolling Meadows, IL 60008
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

William W. Jones

William W. Jones, VP, General Counsel & Secy 4/20/95 312/836-2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Section #