

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **812794** (6)

1. Corporation Name  
**HARCO NATIONAL INSURANCE COMPANY**



Principal Place of Business: **2850 WEST GOLF RD. P.O. BOX 68309 SCHAUMBURG, IL 60168 ROLLING MEADOWS IL 60008**  
Mailing Address: **2850 WEST GOLF RD. P.O. BOX 68309 SCHAUMBURG, IL 60168 ROLLING MEADOWS IL 60008**

3. Date Incorporated or Qualified <b>05/19/1958</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>13-6108721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
22.	27.
23.	28.
24.	29.
25.	30.

**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
85. Zip Code

**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, PHYLLIS E	1.2 NAME	
STREET ADDRESS	2850 WEST GOLF ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMPEL, DAVID E.	2.2 NAME	KIMPEL, DAVID E.
STREET ADDRESS	2850 WEST GOLF RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALBERG, MARIBETH	3.2 NAME	VD BIRCH, ALFRED J.
STREET ADDRESS	2850 WEST GOLF RD.	3.3 STREET ADDRESS	2850 WEST GOLF RD.
CITY-ST-ZIP	ROLLING MEADOWS IL	3.4 CITY-ST-ZIP	ROLLING MEADOWS, IL 60008
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIORNO, JOHN J	4.2 NAME	
STREET ADDRESS	2850 WEST GOLF RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, THOMAS D.	5.2 NAME	
STREET ADDRESS	2850 WEST GOLF RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIAM W.	6.2 NAME	
STREET ADDRESS	2850 WEST GOLF RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL	6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David E. Kimpel David E. Kimpel Date: 2/9/96 (847) 734-4261 Daytime Phone #

CR2E034 (12/95)