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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 60008-4050



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1958		3a. Date of Last Report 02/21/1996	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 13-6108721		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 bound in with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ 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	2.1 TITLE	☐ Change ☐ Addition
NAME	KIMPEL, DAVID E.	2.2 NAME	
STREET ADDRESS	2850 WEST GOLF RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BIRCH, ALFRED J.	3.2 NAME	
STREET ADDRESS	2850 WEST GOLF ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ 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	5.1 TITLE	☐ Change ☐ 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	6.1 TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13b, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. KIMPEL

3/11/97

(847) 734-4261

CR2E034 (9/96)