

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1958	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-6108721	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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	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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<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	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	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 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 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 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** 2/13/98 847-734-4261

CR2E034 (10/97)