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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812794

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

4. FEI Number

13-6108721

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME COCHRAN, PHYLLIS E
STREET ADDRESS 2850 WEST GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME KIMPEL, DAVID E.
STREET ADDRESS 2850 WEST GOLF RD.
CITY-ST-ZIP ROLLING MEADOWS IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME BIRCH, ALFRED J.
STREET ADDRESS 2850 WEST GOLF ROAD
CITY-ST-ZIP ROLLING MEADOWS IL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME BONGIORNO, JOHN J
STREET ADDRESS 2850 WEST GOLF RD.
CITY-ST-ZIP ROLLING MEADOWS IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME SILVER, THOMAS D.
STREET ADDRESS 2850 WEST GOLF RD.
CITY-ST-ZIP ROLLING MEADOWS IL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VS ☐ DELETE
NAME JONES, WILLIAM W.
STREET ADDRESS 2850 WEST GOLF RD.
CITY-ST-ZIP ROLLING MEADOWS IL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David E. Kimpel

4/28/99

847-734-4261

CR2E034 (11/98)