

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90046 047 ***150.00

DOCUMENT # 812794

1. Entity 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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---------------------------------------|--|
| 4. FEI Number 13-6108721 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--------------------|
| 6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | Zip Code FL |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV COCHRAN, PHYLLIS E 2850 WEST GOLF ROAD ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KIMPEL, DAVID E. 2850 WEST GOLF RD. ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BIRCH, ALFRED J. 2850 WEST GOLF ROAD ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BONGIORNO, JOHN J 2850 WEST GOLF RD. ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SILVER, THOMAS D. 2850 WEST GOLF RD. ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS JONES, WILLIAM W. 2850 WEST GOLF RD. ROLLING MEADOWS IL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **WILLIAM W. JONES** 1-18-2000 847-734-4465
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #