

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		 02192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-6108721	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000070622 03/01/04-80046-005 150.00
10. OFFICERS AND DIRECTORS			
TITLE	V		
NAME	THOMAS, DAVID E		
STREET ADDRESS	2850 WEST GOLF ROAD		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
TITLE	CFO		
NAME	KIMPEL, DAVID E.		
STREET ADDRESS	2850 WEST GOLF RD.		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
TITLE	V		
NAME	BIRCH, ALFRED J.		
STREET ADDRESS	2850 WEST GOLF ROAD		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
TITLE	P		
NAME	STEPHANO, STEPHEN L		
STREET ADDRESS	2850 WEST GOLF RD.		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
TITLE	D		
NAME	SILVER, THOMAS D.		
STREET ADDRESS	2850 WEST GOLF RD.		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
TITLE	VS		
NAME	BLINSON, MICHAEL D		
STREET ADDRESS	2850 WEST GOLF RD.		
CITY - ST - ZIP	ROLLING MEADOWS, IL		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>a. j. Birch</i></u>		2/20/2004	800-448-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #