


*AMENDED*  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-01-2006 90386 017 \*\*\*150.00  
812794

<b>DOCUMENT # 812794</b> 1. Entity Name Harco National Insurance Company	
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**FILED**

**06 MAY 22 AM 10:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**40075010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2850 West Golf Road Suite, Apt. #, etc.		3. Mailing Address 2850 West Golf Road Suite, Apt. #, etc.	
City & State Rolling Meadows, IL		City & State Rolling Meadows, IL	
Zip 60008	Country	Zip 60008	Country
4. FEI Number 13-6108721		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Chief Financial Officer	
	Street Address (P.O. Box Number is Not Acceptable) P.O. Box 6200 (32314-6200)	
	200 E. Gaines Street City Tallahassee <b>FL</b> Zip Code 32399	

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 \_\_\_\_\_ DATE **4/25/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Stephano, Stephen L.	NAME	
STREET ADDRESS	2850 West Golf Rd	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	Blinson, Michael D.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Birch, Alfred J.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	David E. Kimpel	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Thomas, David E.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Kerbs, Edward Anthony	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Kimpel 4/26/06 (800) 448-4642  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #