

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90017 002 ***150.00

DOCUMENT # **812794**

1. Entity Name
Harco National Insurance Company



DO NOT WRITE IN THIS SPACE

40079399

2. Principal Place of Business
2850 West Golf Road
Suite, Apt. #, etc.

3. Mailing Address
2850 West Golf Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Rolling Meadows, IL

City & State
Rolling Meadows, IL

4. FEI Number
13-6108721
Applied For
Not Applicable

Zip
60008
Country

Zip
60008
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer
Street Address (P.O. Box Number is Not Acceptable)
200 E. Gaines Street
City
Tallahassee **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stephano, Stephen L. 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Blinson, Michael D. 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Birch, Alfred J. 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Kimpel, David E. 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas, David E. 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerbs, Edward Anthony 2850 West Golf Road Rolling Meadows, IL 60008	TITLE NAME STREET ADDRESS 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: Alfred J. Birch Alfred J. Birch 04/02/2007 (800) 448-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #