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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **812794** **(6)**

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 60008-4050

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/19/1958
3a. Date of Last Report: 02/21/1996
4. FEI Number: 13-6108721 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 (Required when reinstating) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COCHRAN, PHYLLIS E		1.2 NAME		
STREET ADDRESS	2850 WEST GOLF ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIMPEL, DAVID E.		2.2 NAME		
STREET ADDRESS	2650 WEST GOLF RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BIRCH, ALFRED J.		3.2 NAME		
STREET ADDRESS	2850 WEST GOLF ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BONGIORNO, JOHN J		4.2 NAME		
STREET ADDRESS	2850 WEST GOLF RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SILVER, THOMAS D.		5.2 NAME		
STREET ADDRESS	2850 WEST GOLF RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		5.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, WILLIAM W.		6.2 NAME		
STREET ADDRESS	2850 WEST GOLF RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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, or on an attachment with an address.

SIGNATURE: David E Kimpel DAVID E. KIMPEL 3/11/97 (847)734-4261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #