

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
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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**

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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 changing)
Signature, typed or printed name of registered agent and title if applicable 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, DAVID E 2850 WEST GOLF ROAD ROLLING MEADOWS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KIMPEL, DAVID E. 2850 WEST GOLF RD. ROLLING MEADOWS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIRCH, ALFRED J. 2850 WEST GOLF ROAD ROLLING MEADOWS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHANO, STEPHEN L 2850 WEST GOLF RD. ROLLING MEADOWS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVER, THOMAS D. 2850 WEST GOLF RD. ROLLING MEADOWS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLINSON, MICHAEL D 2850 WEST GOLF RD. ROLLING MEADOWS, IL

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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: *A. J. Birch* **2/20/2004** **800-448-4642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #