

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805733

Entity Name: BITCO NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**C/O DENNIS VANDERVINNE
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807**Current Mailing Address:**C/O DENNIS VANDERVINNE
3700 MARKET SQUARE CIRCLE
DAVENPORT, IA 52807 US**FEI Number:** 36-6054328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COONROD, STEPHEN
1709 HERMITAGE BLVD., SUITE 200
TALLAHASSEE, FL 32308 US*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.***SIGNATURE:** STEPHEN COONROD

02/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title V
Name DUPONT, DAVID J
Address 3700 MARKET SQUARE CIRCLE
City-State-Zip: DAVENPORT IA 52807Title P
Name LAMB, VINCENT C
Address 3700 MARKET SQUARE CIRCLE
City-State-Zip: DAVENPORT IA 52807Title VT
Name VANDERVINNE, DENNIS
Address 3700 MARKET SQUARE CIRCLE
City-State-Zip: DAVENPORT IA 52807Title V
Name PAULUS, LORI
Address 3700 MARKET SQUARE CIRCLE
City-State-Zip: DAVENPORT IA 52807

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS VANDERVINNE**EVP & TREASURER**

02/15/2021

Electronic Signature of Signing Officer/Director Detail

Date