

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812794

**Entity Name:** HARCO NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

1701 GOLF ROAD  
SUITE 1-600  
ROLLING MEADOWS, IL 60008

**Current Mailing Address:**

702 OBERLIN ROAD.  
RALEIGH, NC 27605 US

**FEI Number:** 13-6108721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name DOYLE, JAMES M  
Address 1701 GOLF ROAD, SUITE 1-600  
City-State-Zip: ROLLING MEADOWS IL 60008

Title VP  
Name MATTOX, PETER  
Address 1701 GOLF ROAD SUITE 1-600  
City-State-Zip: ROLLING MEADOWS IL 60008

Title P  
Name PIRRUNG, DAVID G  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title VS  
Name BLINSON, MICHAEL D  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

*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:** MICHAEL D BLINSON

**SECRETARY**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date