

2015 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 2850 WEST GOLF ROAD
City-State-Zip: ROLLING MEADOWS ILTitle VP
Name MATTOX, PETER
Address 2850 WEST GOLF RD.
City-State-Zip: ROLLING MEADOWS ILTitle P
Name STEPHANO, STEPHEN L
Address 2850 WEST GOLF RD.
City-State-Zip: ROLLING MEADOWS ILTitle D
Name KERBS, EDWARD A
Address 2850 WEST GOLF RD.
City-State-Zip: ROLLING MEADOWS ILTitle VS
Name BLINSON, MICHAEL D
Address 2850 WEST GOLF RD.
City-State-Zip: ROLLING MEADOWS IL

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****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date