

**2024 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:**

C T CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** BETH LOKENVITZ

01/17/2024

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 52807

Title P  
Name LAMB, VINCENT C  
Address 3700 MARKET SQUARE CIRCLE  
City-State-Zip: DAVENPORT IA 52807

Title VT  
Name VANDERVINNE, DENNIS  
Address 3700 MARKET SQUARE CIRCLE  
City-State-Zip: DAVENPORT IA 52807

Title 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:** BETH LOKENVITZ

ADV. ADMIN. ANALYST

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date