

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 007 ***150.00

DOCUMENT # 812794

1. Entity Name
Harco National Insurance Company



DO NOT WRITE IN THIS SPACE

60024370

2. Principal Place of Business 2850 West Golf Road		3. Mailing Address 2850 West Golf Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rolling Meadows, IL		City & State Rolling Meadows, IL	
Zip 60008	Country	Zip 60008	Country

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES STREET City TALLAHASSEE FL Zip Code 32399		

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHANO, STEPHEN L. 2850 WEST GOLF ROAD ROLLING MEADOWS, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLINSON, MICHAEL D 2850 WEST GOLF ROAD ROLLING MEADOWS, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KIMPEL, DAVID E 2850 WEST GOLF ROAD ROLLING MEADOWS, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBS, EDWARD ANTHONY 2850 WEST GOLF ROAD ROLLING MEADOWS, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED J. BIRCH 03-28-2006 (847) 321-4985