AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2006 90386 017 ***150.00
812794

DOCUMENT # 812794

1. Entity Name
Harco National Insurance Company

FILED
06 MAY 22 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40075010

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2850 West Golf Road	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:

4. FEI Number: 13-6108721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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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 _____ 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Stephano, Stephen L.	NAME	
STREET ADDRESS	2850 West Golf Rd	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	VS	TITLE	
NAME	Blinson, Michael D.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Birch, Alfred J.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	David E. Kimpel	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Thomas, David E.	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Kerbs, Edward Anthony	NAME	
STREET ADDRESS	2850 West Golf Road	STREET ADDRESS	
CITY-ST-ZIP	Rolling Meadows, IL 60008	CITY-ST-ZIP	

4/25/22

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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: David E. Kimpel 4/26/06 (800) 448-4642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #