

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812794

Entity Name: HARCO NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**2850 WEST GOLF RD.
ROLLING MEADOWS, IL 60008**Current Mailing Address:**2850 WEST GOLF RD.
ROLLING MEADOWS, IL 60008**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 IL

Title	VP
Name	MATTOX, PETER
Address	2850 WEST GOLF RD.
City-State-Zip:	ROLLING MEADOWS IL

Title	P
Name	STEPHANO, STEPHEN L
Address	2850 WEST GOLF RD.
City-State-Zip:	ROLLING MEADOWS IL

Title	D
Name	KERBS, EDWARD A
Address	2850 WEST GOLF RD.
City-State-Zip:	ROLLING MEADOWS IL

Title	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****05/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date