

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 045 ***150.00

DOCUMENT # **P36622**

1. Corporation Name

EVEREST NATIONAL INSURANCE COMPANY

Principal Place of Business

**477 MARTINSVILLE RD
LIBERTY CORNER NJ 07938
US**

Mailing Address

**477 MARTINSVILLE RD
LIBERTY CORNER NJ 07938
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1991

4. FEI Number

22-2660372

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIMAURO, STEPHEN LYDON	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, ROBERT PAUL	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADLEY, DARYL WAYNE	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURKE, DENNIS CAREY	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, THOMAS J	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRAKES, LARRY A	
STREET ADDRESS	477 MARTINSVILLE RD	
CITY-ST-ZIP	LIBERTY CORNER NJ 07938	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Daryl W. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl W. Bradley, Senior Vice President

4/26/99

Date

(908) 604-3000

Daytime Phone #