FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:08

DOCUMENT # 857982 (3)

1. Corporation Name
EVERGREEN NATIONAL INDEMNITY COMPANY

Principal Place of Business
2400 CORPORATE EXCHANGE DRIVE
SUITE 290
COLUMBUS OH 43231

Mailing Address
P.O. BOX 18295
COLUMBUS OH 43218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (20) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 36-2467238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STOUT, CRAIG L.	12 NAME	
STREET ADDRESS	10055 SWEET VALLEY DR	13 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	FEIGHAN, EDWARD F.	22 NAME	
STREET ADDRESS	10055 SWEET VALLEY DR	23 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	WEILAND, KURT H.	32 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MEYERS, ANNE L.	42 NAME	
STREET ADDRESS	2000 TOWER AT ERIEVIEW	43 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	44 CITY-ST-ZIP	
TITLE	CTD	51 TITLE	☐ Change ☐ Addition
NAME	ELLIS, ROSWELL P.	52 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	53 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	NEEDHAN, DANIEL J.	62 NAME	
STREET ADDRESS	10055 SWEET VALLEY DR	63 STREET ADDRESS	
CITY-ST-ZIP	VALLEY VIEW OH	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1-13-95 614-895-1773
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Title) (Daytime Phone #)
Kurt H. Weiland

0470830 FP