

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



1-24-96 B-0127-NC
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857982** (3)

1. Corporation Name

EVERGREEN NATIONAL INDEMNITY COMPANY



Principal Place of Business

Mailing Address

**2400 CORPORATE EXCHANGE DRIVE
SUITE 290
COLUMBUS OH 43231**

**P.O. BOX 18285
COLUMBUS OH 43218**

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 33324**

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	PD	<input type="checkbox"/> DELETE
NAME	STOUT, CRAIG L.	
STREET ADDRESS	10055 SWEET VALLEY DR	
CITY-STATE-ZIP	VALLEY VIEW OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FEIGHAN, EDWARD F.	
STREET ADDRESS	10055 SWEET VALLEY DR	
CITY-STATE-ZIP	VALLEY VIEW OH	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	WEILAND, KURT H.	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEYERS, ANNE L.	
STREET ADDRESS	2600 TOWER AT ERIEVIEW	
CITY-STATE-ZIP	CLEVELAND OH	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	ELLIS, ROSWELL P.	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	
CITY-STATE-ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEEDHAN, DANIEL J.	
STREET ADDRESS	10055 SWEET VALLEY DR	
CITY-STATE-ZIP	VALLEY VIEW OH	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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: **Kurt H. Weiland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt H. Weiland

(614) 895-1773

January 17, 1996

Date

Daytime Phone #

CR2E034 (12/95)