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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 P.O. BOX 18295
SUITE 290 COLUMBUS OH 43218-0295
COLUMBUS OH 43231



3. Date Incorporated or Qualified 10/04/1983
3a. Date of Last Report 01/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	36-2467238	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee, 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	1.1 TITLE	T
NAME	STOUT, CRAIG L.	1.2 NAME	Southwick, Glenn D.
STREET ADDRESS	10055 SWEET VALLEY DR	1.3 STREET ADDRESS	2400 Corporate Exchange Dr., Ste. 290
CITY - ST - ZIP	VALLEY VIEW OH	1.4 CITY - ST - ZIP	Columbus, OH
TITLE	VPD	2.1 TITLE	VP
NAME	FEIGHAN, EDWARD F.	2.2 NAME	Amick, Norman D.
STREET ADDRESS	10055 SWEET VALLEY DR	2.3 STREET ADDRESS	2400 Corporate Exchange Dr., Ste. 290
CITY - ST - ZIP	VALLEY VIEW OH	2.4 CITY - ST - ZIP	Columbus, OH
TITLE	ASD	3.1 TITLE	
NAME	WEILAND, KURT H.	3.2 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	S
NAME	MEYERS, ANNE L.	4.2 NAME	
STREET ADDRESS	2600 TOWER AT ERIEVIEW	4.3 STREET ADDRESS	2 Summit Park Drive, Suite 150
CITY - ST - ZIP	CLEVELAND OH	4.4 CITY - ST - ZIP	
TITLE	CTD	5.1 TITLE	C/D
NAME	ELLIS, ROSWELL P.	5.2 NAME	
STREET ADDRESS	2400 CORPORATE EXCHANGE DR STE 290	5.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	NEEDHAN, DANIEL J.	6.2 NAME	
STREET ADDRESS	10055 SWEET VALLEY DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY VIEW OH	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Kurt H. Weiland
Kurt H. Weiland, Asst. Secretary

January 8, 1997 (614) 895-1773

Date: Daytime Phone:

CR2E034 (9/96)