

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 857982**

1. Entity Name

EVERGREEN NATIONAL INDEMNITY COMPANY**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90098 040 ***150.00

Principal Place of Business

Mailing Address

**2400 CORPORATE EXCHANGE DRIVE
SUITE 290
COLUMBUS OH 43231****P.O. BOX 18295
COLUMBUS OH 43218-0295**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2467238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TRICKEY, STEVEN C
STREET ADDRESS 12800 UNIVERSITY DR STE 500
CITY-ST-ZIP FT MYERS FL 33907 ☒ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME FEIGHAN, EDWARD F.
STREET ADDRESS 10055 SWEET VALLEY DR
CITY-ST-ZIP VALLEY VIEW OH ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE AS
NAME WEILAND, KURT H.
STREET ADDRESS 2400 CORPORATE EXCHANGE DR STE 290
CITY-ST-ZIP COLUMBUS OH ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME MEYERS, ANNE L.
STREET ADDRESS 28601 CHAGRIN BLVD, STE 500
CITY-ST-ZIP CLEVELAND OH ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE C
NAME AMICK NORMAN D
STREET ADDRESS 2400 CORPORATE EXCHANGE DR, STE 290
CITY-ST-ZIP COLUMBUS OH ☐ DeleteTITLE President
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME SOUTHWICK, GLENN D.
STREET ADDRESS 2400 CORPORATE EXCHANGE DR, STE 290
CITY-ST-ZIP COLUMBUS OH ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn D. Southwick

Jan. 9, 2000

614-895-2000

Date

Daytime Phone #