

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857982

1. Entity Name

EVERGREEN NATIONAL INDEMNITY COMPANY

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90066 033 ***150.00

Principal Place of Business

Mailing Address

2400 CORPORATE EXCHANGE DRIVE
SUITE 290
COLUMBUS OH 43231

P.O. BOX 18295
COLUMBUS OH 43218

2. Principal Place of Business

3. Mailing Address

PO Box 163340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Columbus, OH

4. FEI Number 36-2467238

Applied For

Not Applicable

Zip

Country

Zip 43216-3340- Country

Franklin

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, 2001 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 ☒ Delete

TITLE President & Chairman
NAME Roswell P. Ellis
STREET ADDRESS 2400 Corporate Exchange Drive, Suite 290
CITY-ST-ZIP Columbus, OH 43231 ☐ Change ☒ Addition

TITLE D
NAME FEIGHAN, EDWARD F.
STREET ADDRESS 10055 SWEET VALLEY DR
CITY-ST-ZIP VALLEY VIEW OH ☐ Delete

TITLE Executive Vice President
NAME Christopher J. Timm
STREET ADDRESS 2400 Corporate Exc. Dr., Suite 290
CITY-ST-ZIP Columbus, OH 43231 ☐ Change ☒ Addition

TITLE AS
NAME WEILAND, KURT H.
STREET ADDRESS 2400 CORPORATE EXCHANGE DR STE 290
CITY-ST-ZIP COLUMBUS OH ☐ Delete

TITLE Executive Vice President
NAME John A. Marazza
STREET ADDRESS 2400 Corporate Exchange Dr., Suite 290
CITY-ST-ZIP Columbus, OH 43231 ☐ Change ☒ Addition

TITLE S
NAME MEYERS, ANNE L.
STREET ADDRESS 28601 CHAGRIN BLVD, STE 500
CITY-ST-ZIP CLEVELAND OH ☒ Delete

TITLE Vice President
NAME Craig Stout
STREET ADDRESS 10055 Sweet Valley Drive
CITY-ST-ZIP Valley View, OH 44125 ☐ Change ☒ Addition

TITLE C
NAME AMICK NORMAN D
STREET ADDRESS 2400 CORPORATE EXCHANGE DR, STE 290
CITY-ST-ZIP COLUMBUS OH ☒ Delete

TITLE Vice President
NAME Daniel J. Clark
STREET ADDRESS 10055 Sweet Valley Drive
CITY-ST-ZIP Valley View, OH 4125 ☐ Change ☒ Addition

TITLE T
NAME SOUTHWICK, GLENN D.
STREET ADDRESS 2400 CORPORATE EXCHANGE DR, STE 290
CITY-ST-ZIP COLUMBUS OH ☐ Delete

TITLE Vice President
NAME Randal K. Williams
STREET ADDRESS 7227 N. 16th St, Suite 207
CITY-ST-ZIP Phoenix, AZ 85020 ☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)