



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90254 041 ***150.00

DOCUMENT # 857982 1. Entity Name EVERGREEN NATIONAL INDEMNITY COMPANY					
Principal Place of Business 2400 CORPORATE EXCHANGE DRIVE SUITE 290 COLUMBUS, OH 43231			Mailing Address P.O. BOX 163340 COLUMBUS, OH 43216-3340		
2. Principal Place of Business 2800 Corporate Exchange Drive Suite, Apt. #, etc. Suite 130 City & State Columbus, OH Zip 43231			3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country USA		
4. FEI Number 36-2467238			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC ELLIS, ROSWELL P <input type="checkbox"/> Delete 2400 CORPORATE EXCHANGE DRIVE, SUITE 290 COLUMBUS, OH 43231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2800 Corporate Exchange Drive, Ste. 130 Columbus, OH 43231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIGHAN, EDWARD F. <input type="checkbox"/> Delete 10055 SWEET VALLEY DR VALLEY VIEW, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 465 Cleveland Avenue Westerville, OH 43082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD TIMM, CHRISTOPHER J <input type="checkbox"/> Delete 2400 CORPORATE EXCHANGE DRIVE, SUITE 290 COLUMBUS, OH 43231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 465 Cleveland Avenue Westerville, OH 43082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MARAZZA, JOHN A <input type="checkbox"/> Delete 2400 CORPORATE EXCHANGE DRIVE, SUITE 290 COLUMBUS, OH 43231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 465 Cleveland Avenue Westerville, OH 43082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, STEVE R <input type="checkbox"/> Delete 2400 CORPORATE EXCHANGE DR, STE 290 COLUMBUS, OH 43231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 465 Cleveland Avenue Westerville, OH 43082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			John A. Marazza		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-04 614-895-2000 <small>Date Daytime Phone #</small>		