2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857982

FILED Apr 14, 2006 Secretary of State

Entity Name: EVERGREEN NATIONAL INDEMNITY COMPANY

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2800 CORPORATE EXCHANGE DRIVE SUITE 130 COLUMBUS, OH 43231						
Current Mailing Address:			New Maili	New Mailing Address:		
2800 CORPORATE EXCHANGE DRIVE SUITE 130 COLUMBUS, OH 43231						
FEI Number: 36-2467238 FEI Number Applied For () FEI Num			Number Not Appl	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name a				d Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US						
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:						
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ELLIS, ROSWEL	TE EXCHANGE DR, STE 130	Title: Name: Address: City-St-Zip:	ELLIS, ROSW	RATE EXCHANGE DR, STE 130	
Title: Name: Address: City-St-Zip:	D () I FEIGHAN, EDWA 465 CLEVELAND WESTERVILLE,	AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () I STOUT, CRAIG I 10055 SWEET V VALLEY VIEW, C	ALLEY DRIVE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	DT () I HAMM, CHARLE 465 CLEVELAND WESTERVILLE,	AVENUE	Title: Name: Address: City-St-Zip:	HAMM, CHAR	RATE EXCHANGE DRIVE, SUITE 130	
Title: Name: Address: City-St-Zip:	D () I CLARK, DANIEL 6140 PARKLANE MAYFIELD HEIG	BLVD.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	ELLIS, TIMOT	RATE EXCHANGE DRIVE, SUITE 130	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.						

SIGNATURE: ROSWELL P. ELLIS D 04/14/2006