

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857982

FILED
Mar 24, 2009
Secretary of State

Entity Name: EVERGREEN NATIONAL INDEMNITY COMPANY

Current Principal Place of Business:

6140 PARKLAND BOULEVARD
SUITE 321
MAYFIELD HEIGHTS, OH 44124

New Principal Place of Business:

Current Mailing Address:

6140 PARKLAND BOULEVARD
SUITE 321
MAYFIELD HEIGHTS, OH 44124

New Mailing Address:

FEI Number: 36-2467238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: ELLIS, ROSWELL P
Address: 5434 HARLEM ROAD
City-St-Zip: WESTERVILLE, OH 43082

Title: D () Delete
Name: CLARK, DANIEL J
Address: 6140 PARKLAND BOULEVARD, SUITE 300
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: D () Delete
Name: STOUT, CRAIG L
Address: 23500 MERCANTILE ROAD, SUITE D
City-St-Zip: BEACHWOOD, OH 44122

Title: DPS () Delete
Name: HAMM, CHARLES D JR
Address: 6140 PARKLAND BOULEVARD, SUITE 321
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: DT () Delete
Name: CANZONE, DAVID A
Address: 6140 PARKLAND BLVD., SUITE 321
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HAMM, CHARLES D JR
Address: 6140 PARKLAND BOULEVARD, SUITE 321
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: COLLIER, WAN
Address: 6140 PARKLAND BOULEVARD, SUITE 321
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES D. HAMM

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date