

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 857982

FILED  
Oct 07, 2013  
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:**

6140 PARKLAND BOULEVARD  
SUITE 321  
MAYFIELD HEIGHTS, OH 44124 UN

**Current Mailing Address:**

6140 PARKLAND BOULEVARD  
SUITE 321  
MAYFIELD HEIGHTS, OH 44124

**New Mailing Address:**

6140 PARKLAND BOULEVARD  
SUITE 321  
MAYFIELD HEIGHTS, OH 44124 UN

**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: DAVID A. CANZONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: FEIGHAN, EDWARD F  
Address: 6140 PARKLAND BOULEVARD, SUITE 321  
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES D. HAMM JR.

P

10/07/2013

Electronic Signature of Signing Officer or Director

Date