

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P36622** (9)  
1. Corporation Name  
**EVEREST NATIONAL INSURANCE COMPANY**



Principal Place of Business <b>3 GATEWAY CENTER NEWARK NJ 07102-4082</b>	Mailing Address <b>3 GATEWAY CENTER NEWARK NJ 07102-4000</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/11/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
				4. FEI Number <b>22-2660372</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	V/D
NAME	TARANTO, JOSEPH V	1.2 NAME	Frakes, Larry Allen
STREET ADDRESS	3 GATEWAY CENTER	1.3 STREET ADDRESS	3 Gateway Center
CITY-ST-ZIP	NEWARK NJ 07102-4082	1.4 CITY-ST-ZIP	Newark, NJ 07102-4082
TITLE	T	2.1 TITLE	
NAME	LMAURO, STEPHEN L.	2.2 NAME	
STREET ADDRESS	3 GATEWAY CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102-4082	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HUNT, PATRICK A	3.2 NAME	
STREET ADDRESS	3 GATEWAY CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102-4082	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MELCHIONE, JANET BURAK	4.2 NAME	
STREET ADDRESS	3 GATEWAY CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GALLAGHER, THOMAS J	5.2 NAME	
STREET ADDRESS	3 GATEWAY CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102-4082	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patrick A. Hunt**  **4/25/97** **201-802-8280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #