


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90053 049 \*\*\*150.00

<b>DOCUMENT # P36622</b>	
1. Entity Name <b>EVEREST NATIONAL INSURANCE COMPANY</b>	

Principal Place of Business <b>477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US</b>	Mailing Address <b>477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US</b>
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**94022852**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092004 Chg-P CR2E034 (10/03)

4. FEI Number <b>22-2660372</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIMAURO, STEPHEN LYDON</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/A CTUARY</b> <b>DIGAETANO, MARK</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BRADLEY, DARYL WAYNE</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, BARRY H</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BURKE, DENNIS CAREY</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOPAPA, FRANK N</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GALLAGHER, THOMAS J</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>CROSSAN, ROBERT E</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FRAKES, LARRY A</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>MYERS, DAVID J</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GERVASI, JOSEPH A</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP/COMPTROLLER</b> <b>MCKINNON, GARY R</b> <b>477 MARTINSVILLE RD</b> <b>LIBERTY CORNER, NJ 07938</b> <input type="checkbox"/> Change <input checked="" 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:**  **Dennis C. Burke, 02/24/04, 908-604-3168**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #