

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 039 ***150.00

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02162005 Chg-P CR2E034 (10/03)

DOCUMENT # P36622 1. Entity Name EVEREST NATIONAL INSURANCE COMPANY					
Principal Place of Business 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US			Mailing Address 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 22-2660372 Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMAURO, STEPHEN LYDON 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Actuary DIGAETANO, MARK 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	13. SIGNATURE: <u>Dennis C. Burke</u> April 27, 2005 908-604-3168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, DARYL WAYNE 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BARRY 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, DENNIS CAREY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/COMPTROLLER MCKINNON, GARY R. 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GALLAGHER, THOMAS J 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPAPA, FRANK N 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAKES, LARRY A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERVASI, JOSEPH A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

check #25566 attached