


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90104 002 ***150.00

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04112006 Chg-P CR2E034 (11/05)	
4. FEI Number 22-2660372				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Check #29235 attached FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/Actuary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIMAURO, STEPHEN LYDON		NAME	DiGaetano, Mark	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, DARYL WAYNE		NAME	Smith, Barry H.	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, DENNIS CAREY		NAME	Buckley, Richard E.	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, THOMAS J		NAME	Lopapa, Frank N.	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SVP/Comptroller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAKES, LARRY A		NAME	McKinnon, Gary R.	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERVASI, JOSEPH A		NAME	Mukherjee, Sanjoy	
STREET ADDRESS	477 MARTINSVILLE RD		STREET ADDRESS	477 Martinsville Rd	
CITY-ST-ZIP	LIBERTY CORNER, NJ 07938		CITY-ST-ZIP	Liberty Corner, NJ 07938	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Richard E. Buckley 04/18/06 908-604-3528		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		