2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90054 023 ***150.00

DOCUMENT # P36622

1. Entity Name
EVEREST NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US	477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-2660372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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)

ck #036859 attached
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGAESAND, MARK 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ACTUARY DIGAETANO, MARK 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRADLEY, DARYL WAYNE 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D BRADLEY, DARYL W. 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARVELL, HEATHER 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EISENACHER, CRAIG E. 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GALLAGHER, THOMAS J 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, BARRY H. 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPAPA, FRANK N 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/COMPTROLLER MCKINNON, GARY R. 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUKHERJEE, SANJOY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP SIMEONI, STEPHEN M. 477 MARTINSVILLE RD LIBERTY CORNER NJ 07938	☐ Change XX Addition

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: _____ Heather Marvell 04 February 2008 908-604-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #