

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90077 037 \*\*\*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

**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**

**THE FLORIDA INSURANCE COMMISSIONER**  
**THE CAPITOL**  
**TALLAHASSEE FL 32399-0300**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **LIMAURO, STEPHEN LYDON**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **D/A** ☐ Change ☒ Addition  
**NAME** **DIGAETANO, MARK**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **VD** ☐ Delete  
**NAME** **BRADLEY, DARYL WAYNE**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **SMITH, BARRY H**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **S** ☐ Delete  
**NAME** **BURKE, DENNIS CAREY**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **T** ☐ Change ☒ Addition  
**NAME** **LOPAPA, FRANK N**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **CD** ☐ Delete  
**NAME** **GALLAGHER, THOMAS J**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **SVP** ☐ Change ☒ Addition  
**NAME** **CROSSAN, ROBERT E**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **PD** ☐ Delete  
**NAME** **FRANKS, LARRY A**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **SVP** ☐ Change ☒ Addition  
**NAME** **MYERS, DAVID J**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **D** ☐ Delete  
**NAME** **GERVASI, JOSEPH A**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**TITLE** **SVP/COMP** ☐ Change ☒ Addition  
**NAME** **MCKINNON, GARY R**  
**STREET ADDRESS** **477 MARTINSVILLE RD**  
**CITY-ST-ZIP** **LIBERTY CORNER NJ 07938**

**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:**

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2003

908-604-3168

Date

Daytime Phone #

CR2E034 (10/02)