

AMENDED FILING EXPLANATION

Change to Schedule Y Part 1A Detail



QUARTERLY STATEMENT

As of September 30, 2014
of the Condition and Affairs of the

EVERGREEN NATIONAL INDEMNITY COMPANY

NAIC Group Code.....4765, (Current Period) (Prior Period)	NAIC Company Code..... 12750	Employer's ID Number..... 36-2467238
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 30, 1939	Commenced Business..... January 1, 1940	
Statutory Home Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3420 <i>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</i>	
Mail Address	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	6140 PARKLAND BLVD, STE 321..... MAYFIELD HEIGHTS OH US 44124440-229-3403 <i>(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)</i>	
Internet Web Site Address		
Statutory Statement Contact	DAVID ALAN CANZONE <i>(Name)</i> dcanzone@evergreen-national.com <i>(E-Mail Address)</i>	440-229-3403 <i>(Area Code) (Telephone Number) (Extension)</i> 440-229-3421 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. MATTHEW TRACY TUCKER #	PRESIDENT	2. DAVID ALAN CANZONE	CFO/TREASURER
3. WAN CHEN COLLIER	SECRETARY	4. ROBERT WILLARD SHEPARD #	VICE PRESIDENT OF FINANCE

OTHER

DIRECTORS OR TRUSTEES

CHARLES KYLE SLATERY #	MATTHEW TRACY TUCKER #	ROBERT WILLARD SHEPARD #	JAMES DONALD LACKIE #
DAVID ALAN CANZONE			

State of..... Ohio
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) MATTHEW TRACY TUCKER _____ 1. (Printed Name) PRESIDENT _____ (Title)	_____ (Signature) DAVID ALAN CANZONE _____ 2. (Printed Name) CFO/TREASURER _____ (Title)	_____ (Signature) WAN CHEN COLLIER _____ 3. (Printed Name) SECRETARY _____ (Title)
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Subscribed and sworn to before me
This _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____