

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837141 (1)

1. Corporation Name

~~PRUDENTIAL~~ REINSURANCE COMPANY
Everest



Principal Place of Business

Mailing Address

3 GATEWAY CENTER
NEWARK NJ 07102-4082
US

3 GATEWAY CENTER
NEWARK NJ 07102-4082
US

3. Date Incorporated or Qualified
10/05/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
22-2005057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPC ☐ DELETE
NAME ROBERT PAUL JACOBSON
STREET ADDRESS 3 GATEWAY CENTER
CITY-ST-ZIP NEWARK, NJ 0

TITLE CEOP ☒ DELETE
NAME DWANE, JAMES E.
STREET ADDRESS 3 GATEWAY CENTER
CITY-ST-ZIP NEWARK, NJ 0

TITLE SVPS ☐ DELETE
NAME MELCHIONE, JANET
STREET ADDRESS 3 GATEWAY CENTER
CITY-ST-ZIP NEWARK, NJ 0

TITLE SRVP ☐ DELETE
NAME GALLAGHER, THOMAS J.
STREET ADDRESS 3 GATEWAY CENTER
CITY-ST-ZIP NEWARK, NJ 0

TITLE SVPT ☒ DELETE
NAME ARTHUR JAMES POWELL
STREET ADDRESS 3 GATEWAY CENTER
CITY-ST-ZIP NEWARK, NJ 0 FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000001806220
-05/03/96--01018--040
***200.00

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME CEOP
2.3 STREET ADDRESS Taranto, Joseph V.
2.4 CITY-ST-ZIP 3 Gateway Center, Newark, N.J.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME EVP
4.3 STREET ADDRESS Gallagher, Thomas J.
4.4 CITY-ST-ZIP 3 Gateway Center, Newark, N.J.

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME T
5.3 STREET ADDRESS Limauro, Stephen L.
5.4 CITY-ST-ZIP 3 Gateway Center, Newark, N.J.

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen L. Limauro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
Date

201 902 8881
Daytime Phone #

CR2E034 (12/95)