

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 002 ***150.00

DOCUMENT # 837141

1. Entity Name
EVEREST REINSURANCE COMPANY



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

Mailing Address
**477 MARTINSVILLE RD
LIBERTY CORNER, NJ 07938 US**

40081249



04122007 Chg-P CR2E034 (12/06)

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
22-2005057

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

check #156096 attached
FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALLAHAN, SCOTT P 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TARANTO, JOSEPH V 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MUKHERJEE, SANJOY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, THOMAS J 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIMAURO, STEPHEN L 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRAKES, LARRY A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP Mestman, Steven A 477 Martinsville Rd Liberty Corner, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP Schmidt, David E. 477 Martinsville Rd Liberty Corner, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SVP/S Mukherjee, Sanjoy 477 Martinsville Rd Liberty Corner, NJ 07938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Gallagher, Thomas J. 477 Martinsville Rd Liberty Corner, NJ 07938	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/CFO Eisenacher, Craig E. 477 Martinsville Rd Liberty Corner, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/Treasurer Lopapa, Frank N. 477 Martinsville Rd Liberty Corner, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____

Sanjoy Mukherjee

04/23/2007 908-604-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #