

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837141

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** EVEREST REINSURANCE COMPANY

**Current Principal Place of Business:**

477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938 US

**New Principal Place of Business:**

477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 079380830 US

**Current Mailing Address:**

PO BOX 830  
LIBERTY CORNER, NJ 079380830

**New Mailing Address:**

PO BOX 830  
LIBERTY CORNER, NJ 079380830 US

**FEI Number:** 22-2005057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DEVP  
**Name:** CALLAHAN, SCOTT P  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

**Title:** C  
**Name:** TARANTO, JOSEPH V  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

**Title:** DSVF  
**Name:** MUKHERJEE, SANJOY  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

**Title:** DP  
**Name:** JONES, III, RALPH E  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

**Title:** DEVP  
**Name:** CAPICCHIONI, ROBERT E  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

**Title:** DEVP  
**Name:** SCHMITT, DAVID E  
**Address:** 477 MARTINSVILLE RD  
**City-St-Zip:** LIBERTY CORNER, NJ 079380830 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SANJOY MUKHERJEE

SVP

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date