2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003194

Entity Name: EVEREST PREMIER INSURANCE COMPANY

Current Principal Place of Business:

477 MARTINSVILLE ROAD

LIBERTY CORNER, NJ 07938-0830

Current Mailing Address:

PO BOX 830

LIBERTY CORNER, NJ 07938-0830 US

FEI Number: 81-2926232 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER

PO BOX 6200 (32314-6200) 200 E GAINES ST

TALLAHASSEE, FL 32339 US

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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 24, 2019

Secretary of State

3939099189CC

Officer/Director Detail :

Title EVP Title DIRECTOR, EVP, CFO, TREASURER

Name CAMERINO, JAMES Name HOWIE, CRAIG

477 MARTINSVILLE ROAD 477 MARTINSVILLE ROAD Address Address

LIBERTY CORNER NJ 07938-0830 LIBERTY CORNER NJ 07938-0830 City-State-Zip: City-State-Zip:

Title DIRECTOR, CHIEF UNDERWRITING Title DIRECTOR, EVP, SECRETARY,

GENERAL COUNSEL, COMPLIANCE OFFICER, SVP

OFFICER Name MULRAY, MICHAEL

Name MUKHERJEE, SANJOY 477 MARTINSVILLE ROAD Address

Address 477 MARTINSVILLE ROAD City-State-Zip: LIBERTY CORNER NJ 07938-0830

City-State-Zip: Title SVP

Title DIRECTOR, PRESIDENT Name DRUM, BRIAN

Name ZAFFINO, JONATHAN Address 477 MARTINSVILLE ROAD

Address 477 MARTINSVILLE ROAD City-State-Zip: LIBERTY CORNER NJ 07938-0830

LIBERTY CORNER NJ 07938-0830 City-State-Zip:

GERMANO, CONNIE

LIBERTY CORNER NJ 07938-0830

Title SVP Title SVP

Name KARMILOWICZ, MICHAEL

Address 461 5TH AVENUE Address

4TH FLOOR **461 FIFTH AVENUE**

4TH FLOOR City-State-Zip: NEW YORK NY 10017-6234

City-State-Zip: NEW YORK NY 10017-6234

Continues on page 2

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.

04/24/2019 SIGNATURE: SANJOY MUKHERJEE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Address

SVP Title Title SVP

Name MONTEAGUDO, LUIS Name MORELLI, THOMAS

Address **477 MARTINSVILLE ROAD** Address 477 MARTINSVILLE ROAD PO BOX 830

PO BOX 830

LIBERTY CORNER NJ 07938-0830 LIBERTY CORNER NJ 07938-0830 City-State-Zip: City-State-Zip:

SVP Title SVP Title

NIKODEM, ERIK Name Name SANDLER, DAVID

Address **461 FIFTH AVENUE** Address 461 5TH AVENUE 4TH FLOOR 4TH FLOOR

NEW YORK NY 10017-6234 City-State-Zip: NEW YORK NY 10017-6234 City-State-Zip:

Title SVP, ACTUARY Title SVP, COMPTROLLER EDMONDS, ELLEN Name

SHOEMAKER, KEITH Name Address 477 MARTINSVILLE ROAD

477 MARTINSVILLE ROAD PO BOX 830

PO BOX 830

City-State-Zip: LIBERTY CORNER NJ 07938-0830 City-State-Zip: LIBERTY CORNER NJ 07938-0830