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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 837141 (1)
1. Corporation Name
EVEREST REINSURANCE COMPANY



Principal Place of Business: **3 GATEWAY CENTER
NEWARK NJ 07102-4082
US**
Mailing Address: **3 GATEWAY CENTER
NEWARK NJ 07102-4000
US**

3. Date Incorporated or Qualified: **10/05/1976** 3a. Date of Last Report: **05/02/1996**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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

12. OFFICERS AND DIRECTORS

TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	ROBERT PAUL JACOBSON	
STREET ADDRESS	3 GATEWAY CENTER	
CITY - ST - ZIP	NEWARK, NJ 0	
TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	TARANTO, JOSEPH V.	
STREET ADDRESS	3 GATEWAY CENTER	
CITY - ST - ZIP	NEWARK, NJ	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	MELCHIONE, JANET	
STREET ADDRESS	3 GATEWAY CENTER	
CITY - ST - ZIP	NEWARK, NJ 0	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GALLAGHER, THOMAS J.	
STREET ADDRESS	3 GATEWAY CENTER	
CITY - ST - ZIP	NEWARK, NJ 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LIMAURO, STEPHEN L.	
STREET ADDRESS	3 GATEWAY CENTER	
CITY - ST - ZIP	NEWARK, NJ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: **Stephen L. Limauro** 4/9/97 (201) 802-8881
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)