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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
3 GATEWAY CENTER NEWARK NJ 07102-4082 US	3 GATEWAY CENTER NEWARK NJ 07102-4082 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1976

2. Principal Place of Business	2a. Mailing Address
21 477 Martinsville Rd.	26 477 Martinsville Rd.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Liberty Corner, NJ	City & State 28 Liberty Corner, NJ
Zip 24 07938-0830 Country 25 USA	Zip 29 07938-0830 Country 30 USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVPC	☐ DELETE	1.1 TITLE	VP/T	XX Change ☐ Addition
NAME	ROBERT PAUL JACOBSON		1.2 NAME	Robert Paul Jacobson	
STREET ADDRESS	3 GATEWAY CENTER		1.3 STREET ADDRESS	477 Martinsville Rd.	
CITY-ST-ZIP	NEWARK, NJ 0		1.4 CITY-ST-ZIP	Liberty Corner, NJ 07938-0830	
TITLE	CEOP	☐ DELETE	2.1 TITLE	C	XX Change ☐ Addition
NAME	TARANTO, JOSEPH V.		2.2 NAME	Taranto, Joseph V.	
STREET ADDRESS	3 GATEWAY CENTER		2.3 STREET ADDRESS	477 Martinsville Rd.	
CITY-ST-ZIP	NEWARK, NJ		2.4 CITY-ST-ZIP	Liberty Corner, NJ 07938-0830	
TITLE	SVPS	☐ DELETE	3.1 TITLE	VP/S	XX Change ☐ Addition
NAME	MELCHIONE, JANET		3.2 NAME	Melchione, Janet B.	
STREET ADDRESS	3 GATEWAY CENTER		3.3 STREET ADDRESS	477 Martinsville Rd.	
CITY-ST-ZIP	NEWARK, NJ 0		3.4 CITY-ST-ZIP	Liberty Corner, NJ 07938-0830	
TITLE	EVP	☐ DELETE	4.1 TITLE	P	XX Change ☐ Addition
NAME	GALLAGHER, THOMAS J.		4.2 NAME	Gallagher, Thomas J.	
STREET ADDRESS	3 GATEWAY CENTER		4.3 STREET ADDRESS	477 Martinsville Rd.	
CITY-ST-ZIP	NEWARK, NJ 0		4.4 CITY-ST-ZIP	Liberty Corner, NJ 07938-0830	
TITLE	T	☐ DELETE	5.1 TITLE	VP	XX Change ☐ Addition
NAME	LIMAURO, STEPHEN L.		5.2 NAME	Limauro, Stephen L.	
STREET ADDRESS	3 GATEWAY CENTER		5.3 STREET ADDRESS	477 Martinsville Rd.	
CITY-ST-ZIP	NEWARK, NJ FL		5.4 CITY-ST-ZIP	Liberty Corner, NJ 07938-0830	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: _____