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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 837141 1. Corporation 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPT <input checked="" type="checkbox"/> DELETE NAME JACOBSON, ROBERT PAUL STREET ADDRESS 477 MARTINSVILLE RD CITY-ST-ZIP LIBERTY CORNER NJ 07938		1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Fischer, William A. 1.3 STREET ADDRESS 477 Martinsville Rd. 1.4 CITY-ST-ZIP Liberty Corner, NJ 07938	
TITLE C <input type="checkbox"/> DELETE NAME TARANTO, JOSEPH V STREET ADDRESS 477 MARTINSVILLE RD CITY-ST-ZIP LIBERTY CORNER NJ 07938		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VPS <input type="checkbox"/> DELETE NAME MELCHIONE, JANTE B STREET ADDRESS 477 MARTINSVILLE RD CITY-ST-ZIP LIBERTY CORNER NJ 07938		3.1 TITLE VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Burak, Janet J. 3.3 STREET ADDRESS 477 Martinsville Rd. 3.4 CITY-ST-ZIP Liberty Corner, NJ 07938	
TITLE P <input type="checkbox"/> DELETE NAME GALLAGHER, THOMAS J STREET ADDRESS 477 MARINSVILLE RD CITY-ST-ZIP LIBERTY CORNER NJ 07938		4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Gallagher, Thomas J. 4.3 STREET ADDRESS 477 Martinsville Rd. 4.4 CITY-ST-ZIP Liberty Corner, NJ 07938	
TITLE VP <input type="checkbox"/> DELETE NAME LIMAURO, STEPHEN L STREET ADDRESS 477 MARTINSVILLE RD CITY-ST-ZIP LIBERTY CORNER NJ 07938		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(908) 604-3000

Date

Daytime Phone #