

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90485 024 ***150.00

DOCUMENT # **837141** ✓

1. Entity Name
EVEREST REINSURANCE COMPANY

00100246

Principal Place of Business 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	Mailing Address 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 22-2005057	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete TARANTO, JOSEPH V. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input type="checkbox"/> Delete BURAK, JANET J. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete GALLAGHER, THOMAS J. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FISCHER, WILLIAM A. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIMAURO, STEPHEN L. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRAKES, LARRY A. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MESTMAN, STEVEN A. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCHMITT, DAVID E. 477 MARTINSVILLE RD. LIBERTY CORNER, NJ 07938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet J. Burak April 20, 2000 (908) 604-3000
JANET J. BURAK, SENIOR VICE PRESIDENT, GENERAL COUNSEL & SECRETARY