

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90053 050 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 837141**

1. Entity 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**

**94022851**



02092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**22-2005057**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **CALLAHAN, SCOTT P**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **TARANTO, JOSEPH V**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Delete  
NAME **VS.**  
STREET ADDRESS **GERVASI, JOSEPH A**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **GALLAGHER, THOMAS J**  
CITY-ST-ZIP **477 MARINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **LIMAURO, STEPHEN L**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **FRAKES, LARRY A**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **T**  
STREET ADDRESS **LOPAPA, FRANK N**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Change ☒ Addition  
NAME **D/EVP**  
STREET ADDRESS **MESTMAN, STEVEN A**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Change ☒ Addition  
NAME **D/SVP**  
STREET ADDRESS **SCHMITT, DAVID E**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☒ Change ☐ Addition  
NAME **D/P**  
STREET ADDRESS **GALLAGHER, THOMAS J**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Change ☒ Addition  
NAME **V/COMPTROLLER**  
STREET ADDRESS **SHOEMAKER, KEITH T**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

TITLE ☐ Change ☒ Addition  
NAME **SVP/ACTUARY**  
STREET ADDRESS **KOUPF, GARY I**  
CITY-ST-ZIP **477 MARTINSVILLE RD  
LIBERTY CORNER, NJ 07938**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph A. Gervasi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph A. Gervasi 02/24/04 908-604-3167**

Date

Daytime Phone #

Attachment  
99022851

Everest Reinsurance Company  
477 Martinsville Road  
P.O. Box 830  
Liberty Corner, NJ 07938-0830  
Tel: 908.604.3000 Fax: 908.604.3450



Everest Reinsurance Company  
FEI Number: 22-2005057  
2004 For Profit Corporation  
Uniform Business Report (UBR) – Annual Report  
Document # 837141  
Supplemental Attachment – Page 2 of 2

Senior Officers and Directors  
(Continuation of Item 11)

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	MONTEAGUDO, LUIS E		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	SMITH, BARRY H		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		

Attachment  
94622851

Everest Reinsurance Company  
477 Martinsville Road  
P.O. Box 830  
Liberty Corner, NJ 07938-0830  
Tel: 908.604.3000 Fax: 908.604.3450



**EVEREST.**

Everest Reinsurance Company  
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Supplemental Attachment – Page 1 of 2

Senior Officers and Directors  
(Continuation of Item 11)

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	BRADLEY, DARYL W		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	CAPICCHIONI, ROBERT E		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	DE SARAM, MARK S		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		

TITLE:	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	FOSTER, JAMES H		
STREET ADDRESS:	477 MARTINSVILLE RD		
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938		