

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90214 020 ***150.00

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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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-2005057	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CALLAHAN, SCOTT P 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP MESTMAN, STEVEN A 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TARANTO, JOSEPH V 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP SCHMITT, DAVID E 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GERVASI, JOSEPH A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/ACTUARY KOUPE, GARY I 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, THOMAS J 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/COMPTROLLER SHOEMAKER, KEITH T 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIMAURO, STEPHEN L 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER LOPAPA, FRANK N 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRAKES, LARRY A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			Date Apr. 22, 2005 Daytime Phone # 908-604-3167		