2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90431 045 ***150.00

DOCUMENT # 837141

1. Entity Name
EVEREST REINSURANCE COMPANY

Principal Place of Business	Mailing Address
477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US	477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938 US

04112006 Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00
Check #153221 attached

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	☐ Delete	D/EVP MESTMAN, STEVEN A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TARANTO, JOSEPH V 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	D/EVP SCHMITT, DAVID E. 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GERVASI, JOSEPH A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☒ Delete	VP/S MUKHERJEE, SANJOY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GALLAGHER, THOMAS J 477 MARINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	D/P GALLAGHER, THOMAS J. 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LIMAURO, STEPHEN L 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	SVP/TREASURER LOPAPA, FRANK A. 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FRAKES, LARRY A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	SVP/ACTUARY KOUPF, GARY I. 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **SANJOY MUKHERJEE 04/17/06 908-604-3573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #