2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90054 021 ***150.00

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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

01172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	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

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

check #158204 attached
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 B 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CFO/EVP EISENACHER, CRAIG E. 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/SVP LOPAPA, FRANK N. 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP MUKHERJEE, SANJOY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D/SVP MUKHERJEE, SANJOY 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GALLAGHER, THOMAS J 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP MESTMAN, STEVEN A 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP SCHMIDT, DAVID E 477 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 February 04, 2008 908-604-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #