

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90077 038 \*\*\*150.00

**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

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

**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

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

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

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

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

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

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

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

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

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

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

TITLE **VP/A** ☐ Change ☒ Addition  
NAME **KOUPF, GARY I**  
STREET ADDRESS **477 MARTINSVILLE RD**  
CITY-ST-ZIP **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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2003

Date

908-604-3167

Daytime Phone #

CR2E034 (10/02)

*Attachment*

80062263  
837141

Everest Indemnity Insurance Company  
c/o Mt. McKinley Managers, L.L.C.  
477 Martinsville Road  
P.O. Box 830  
Liberty Corner, NJ 07938-0830  
Tel: 908.604.3000 Fax: 908.604.3526



**EVEREST.**

Everest Reinsurance Company  
FEI Number: 22-2005057  
2003 For Profit Corporation  
Uniform Business Report (UBR)  
Document # 837141  
Supplemental Attachment – Page 1 of 1

Senior Officers and Directors  
(Continuation of Item 11)

TITLE:	SVP
NAME:	CAPICCHIONI, ROBERT E
STREET ADDRESS:	477 MARTINSVILLE RD
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938

TITLE:	SVP
NAME:	DE SARAM, MARK S
STREET ADDRESS:	477 MARTINSVILLE RD
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938

TITLE:	SVP
NAME:	SMITH, BARRY H
STREET ADDRESS:	477 MARTINSVILLE RD
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938

TITLE:	SVP
NAME:	MONTEAGUDO, LUIS E
STREET ADDRESS:	477 MARTINSVILLE RD
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938

TITLE:	SVP
NAME:	FOSTER, JAMES H
STREET ADDRESS:	477 MARTINSVILLE RD
CITY-ST-ZIP:	LIBERTY CORNER NJ 07938