

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003355

Entity Name: EVEREST DENALI INSURANCE COMPANY**Current Principal Place of Business:**477 MARTINSVILLE RD
LIBERTY CORNER, NJ 07938-0830**Current Mailing Address:**477 MARTINSVILLE RD, P.O. BOX 830
LIBERTY CORNER, NJ 07938-0830 US**FEI Number: 81-2926232****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST.
TALLAHASSEE, FL 32339 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EVP
Name CAMERINO, JAMES
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title EVP, SEC. GENERAL COUNSEL,
COMPLIANCE OFFICER, DIR
Name MUKHERJEE, SANJOY
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title PRESIDENT, DIR
Name ZAFFINO, JONATHAN
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name GERMANO, CONNIE
Address 461 FIFTH AVENUE
4TH FLOOR
City-State-Zip: NEW YORK NY 10017-6234

Title EVP, CFO, TREASURER, DIR
Name HOWIE, CRAIG
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP, CHIEF UNDERWRITING
OFFICER, DIR
Name MULRAY, MICHAEL
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name DRUM, BRIAN
Address 477 MARTINSVILLE RD
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name KARMILOWICZ, MICHAEL
Address 461 FIFTH AVENUE
4TH FLOOR
City-State-Zip: NEW YORK NY 10017-6234

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANJOY MUKHERJEE**SECRETARY****04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name MONTEAGUDO, LUIS
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name NIKODEM, ERIK
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP, COMPTROLLER
Name SHOEMAKER, KEITH
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name MORELLI, THOMAS
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830

Title SVP
Name SANDLER, DAVID
Address 461 FIFTH AVENUE
4TH FLOOR
City-State-Zip: NEW YORK NY 10017-6234

Title SVP, ACTUARY
Name EDMONDS, ELLEN
Address 477 MARTINSVILLE RD, P.O. BOX 830
City-State-Zip: LIBERTY CORNER NJ 07938-0830