

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	5	0	45	2	5	0	0	0	16	0	2	0	0	1	76
First/Mid-Level Officials and Managers	33	31	297	15	95	0	0	7	207	25	60	0	1	2	773
Professionals	44	69	283	27	87	1	1	8	242	53	92	3	2	13	925
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	8	24	26	13	6	0	0	2	50	33	9	0	1	4	176
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	90	124	651	57	193	1	1	17	515	111	163	3	4	20	1950
PRIOR 2023 REPORTING YEAR TOTAL	91	118	677	62	186	1	1	13	551	118	157	3	4	12	1994

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/30/2024 - 12/31/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME
EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

6/19/2025 2:19 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Jhan Doughty

Title of Certifying Official

Global Head of Belonging & Engagement

Email Address of Certifying Official

Jhan.doughty@everestglobal.com

Telephone Number of Certifying Official

732-413-8106

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Jhan Doughty

Title and Employer of Primary POC

Global Head of Belonging & Engagement
Everest Reinsurance Company

Email Address of Primary POC

Jhan.doughty@everestglobal.com

Telephone Number of Primary POC

732-413-8106

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2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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SECTION A – TYPE OF REPORT
HEADQUARTERS REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
F255444

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Warren NJ

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	3	0	33	0	3	0	0	0	11	0	1	0	0	1	52
First/Mid-Level Officials and Managers	21	17	222	9	83	0	0	4	152	17	50	0	0	0	575
Professionals	23	34	191	19	74	1	0	7	176	35	74	3	2	6	645
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	3	7	10	3	3	0	0	1	31	12	4	0	0	2	76
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	50	58	456	31	163	1	0	12	370	64	129	3	2	9	1348
PRIOR 2023 REPORTING YEAR TOTAL	48	59	455	31	159	1	0	11	370	67	128	3	2	5	1339

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
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SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LH02186

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Atlanta GA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
6 Concourse Parkway NE, Suite 3300

CITY/TOWN
ATLANTA

STATE
GA

ZIP CODE
30328

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	2	1	8	1	1	0	0	0	4	0	1	0	0	0	0	18
Professionals	1	2	6	1	1	0	0	0	3	3	0	0	0	0	0	17
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	4	0	0	0	0	1	10	1	0	0	1	17	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	3	14	6	2	0	0	0	9	13	2	0	0	1	53	
PRIOR 2023 REPORTING YEAR TOTAL	2	2	16	7	2	0	0	0	14	14	2	0	0	1	60	

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID F255444	EMPLOYER NAME EVEREST REINSURANCE COMPANY			
ADDRESS 100 Everest Way	CITY/TOWN WARREN	STATE NJ	ZIP CODE 07059	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID LH05871	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Boston MA			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 28 State St. 36th Floor	CITY/TOWN BOSTON	STATE MA	ZIP CODE 02109	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY
 YES (Employer Is Eligible to File)
 NO (Employer Is Not Eligible to File)
 EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)
 Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)
 YES (Single-Establishment Employer is Federal Contractor)
 YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor)
 YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION
524126 - Direct Property and Casualty Insurance Carriers

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
Professionals	0	0	4	0	1	0	0	0	7	1	1	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	3	4	0	1	0	0	0	2	0	0	0	0	0	10
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	3	13	0	2	0	0	0	12	1	1	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	0	3	10	1	1	0	0	0	12	0	0	0	0	0	27

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)
 No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LI34373

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Chicago IL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
222 South Riverside Plaza Suite 30

CITY/TOWN
CHICAGO

STATE
IL

ZIP CODE
60606

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	11	0	0	0	0	0	9	3	0	0	0	1	24
Professionals	1	1	13	3	0	0	0	0	9	3	0	0	0	0	30
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	3	0	0	0	0	0	1	5	3	2	0	0	1	16
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	4	24	4	0	0	0	1	23	9	2	0	0	2	71
PRIOR 2023 REPORTING YEAR TOTAL	2	1	22	4	0	0	0	1	27	8	2	0	0	0	67

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
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SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LI85193

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Carmel IN

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
11711 N. Meridian St. Suite 800

CITY/TOWN
CARMEL

STATE
IN

ZIP CODE
46032

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	3	1	0	0	0	0	0	5
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	1	3	0	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	6	4	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	0	1	18	1	0	0	0	0	25	9	0	0	0	0	0	54

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
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SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LI86533

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Los Angeles LA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
725 Figueroa St. Suite 2600

CITY/TOWN
LOS ANGELES

STATE
CA

ZIP CODE
90017

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	1	2	1	1	0	0	1	2	0	0	0	0	0	8
Professionals	2	1	2	0	1	0	0	1	5	0	2	0	0	2	16
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	2	0	1	0	0	0	0	1	0	0	0	0	0	5
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	4	4	2	2	0	0	2	9	0	2	0	0	2	30
PRIOR 2023 REPORTING YEAR TOTAL	5	5	8	2	0	0	0	0	9	0	2	0	0	2	33

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME
EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LI97590

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Miami FL

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
777 Brickell Avenue Suite 700

CITY/TOWN
MIAMI

STATE
FL

ZIP CODE
33131

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) **NO** (Employer Is Not Eligible to File) **EMPLOYER NO LONGER IN BUSINESS**

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): **DFMBCFNLJ7M4**

YES (Single-Establishment Employer is Federal Contractor) **YES** (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) **YES** (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

524126 - Direct Property and Casualty Insurance Carriers

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	6	9	1	0	0	0	0	0	0	1	0	0	1	0	18	
Professionals	10	20	0	0	0	0	0	1	0	2	0	0	0	0	34	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	1	4	2	0	0	0	0	0	0	0	0	0	0	0	7	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	19	33	4	0	0	0	1	0	3	0	0	0	1	1	62	
PRIOR 2023 REPORTING YEAR TOTAL	21	26	2	0	0	0	1	0	3	0	0	0	1	0	54	

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LJ91771

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
New York NY

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
461 Fifth Avenue 4th Floor

CITY/TOWN
NEW YORK

STATE
NY

ZIP CODE
10017

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity													Row Total	
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native		Two or More Races
Executive/Senior Level Officials and Managers	0	0	9	1	0	0	0	0	2	0	1	0	0	0	13
First/Mid-Level Officials and Managers	2	0	26	1	6	0	0	2	18	1	4	0	0	1	61
Professionals	5	5	45	3	4	0	0	0	28	7	8	0	0	2	107
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	2	3	3	1	0	0	0	2	3	1	0	0	0	15
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	7	7	83	8	11	0	0	2	50	11	14	0	0	3	196
PRIOR 2023 REPORTING YEAR TOTAL	5	8	89	10	8	0	0	1	48	9	11	0	0	2	191

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LJ93668

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Orange CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
725 Town and Country Road Suite 40

CITY/TOWN
ORANGE

STATE
CA

ZIP CODE
92868

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	1	0	0	0	0	2	0	0	0	0	0	0	8
Professionals	1	3	2	0	2	0	0	0	2	1	3	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	2	0	0	0	0	0	0	1	0	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	5	6	1	2	0	0	0	5	1	3	0	0	0	0	26
PRIOR 2023 REPORTING YEAR TOTAL	4	5	7	1	4	0	0	0	8	2	2	0	0	0	0	33

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LJ97462

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Philadelphia PA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
1735 Market Street Suite 2400

CITY/TOWN
PHILADELPHIA

STATE
PA

ZIP CODE
19103

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	1	0	0	0	8	0	0	0	0	0	11
Professionals	0	0	12	0	3	0	0	0	4	0	2	0	0	2	23
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	1	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	15	0	4	0	0	0	14	0	2	0	0	2	38
PRIOR 2023 REPORTING YEAR TOTAL	0	1	14	1	4	0	0	0	15	0	2	0	0	2	39

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LK20930

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

San Francisco CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
101 California Street Suite 2850

CITY/TOWN
SAN FRANCISCO

STATE
CA

ZIP CODE
94111

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	3
Professionals	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	0	1	0	1	0	0	0	0	0	1	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	1	2	0	2	0	0	0	1	0	3	0	0	0	0	10
PRIOR 2023 REPORTING YEAR TOTAL	1	1	4	0	1	0	0	0	1	0	3	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LK23165

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

Stamford CT

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
1 Landmark Square 14th Floor

CITY/TOWN
STAMFORD

STATE
CT

ZIP CODE
06901

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	2	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	0	0	7	0	0	0	0	3	1	2	0	0	0	13	
Professionals	0	2	2	0	0	0	0	0	0	1	0	0	0	5	
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers	0	0	1	0	0	0	0	3	0	0	0	0	0	4	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2024 REPORTING YEAR TOTAL	0	2	10	0	2	0	0	0	7	1	3	0	0	25	
PRIOR 2023 REPORTING YEAR TOTAL	0	3	11	0	2	0	0	0	8	1	3	0	0	28	

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID F255444	EMPLOYER NAME EVEREST REINSURANCE COMPANY			
ADDRESS 100 Everest Way	CITY/TOWN WARREN	STATE NJ	ZIP CODE 07059	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID LK27804	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Tampa FL			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS Highland Oaks Two 10210 Highland M	CITY/TOWN TAMPA	STATE FL	ZIP CODE 33610	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME
EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
LK28731

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Walnut Creek CA

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
1340 Treat Blvd. Pacific Plaza Sui

CITY/TOWN
WALNUT CREEK

STATE
CA

ZIP CODE
94596

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	1	0	0	0	1	0	1	0	0	0	6
Professionals	0	0	2	1	0	0	0	0	2	1	1	0	0	0	7
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	5	1	1	0	0	0	3	2	2	0	1	0	15
PRIOR 2023 REPORTING YEAR TOTAL	1	0	8	2	1	0	0	0	7	1	2	0	1	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
F255444

EMPLOYER NAME

EVEREST REINSURANCE COMPANY

ADDRESS
100 Everest Way

CITY/TOWN
WARREN

STATE
NJ

ZIP CODE
07059

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID
PM18103

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME
Houston TX

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS
Woodbranch Plaza One 12121 Wickche

CITY/TOWN
HOUSTON

STATE
TX

ZIP CODE
77079

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	2	3	1	0	0	0	0	0	3	0	0	0	0	10
Professionals	1	0	1	0	0	0	0	0	0	1	1	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	2	0	0	0	0	1	1	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	2	6	3	0	0	0	0	2	5	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	2	2	6	2	0	0	0	0	3	7	0	0	0	0	22

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
ESTABLISHMENT-LEVEL REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID F255444	EMPLOYER NAME EVEREST REINSURANCE COMPANY			
ADDRESS 100 Everest Way	CITY/TOWN WARREN	STATE NJ	ZIP CODE 07059	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID PM18114	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Hartford CT			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS One Corporate Center, 20 Church Street FL 23	CITY/TOWN HARTFORD	STATE CT	ZIP CODE 06103	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
222005057

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [DFMBCFNLJ7M4](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[524126 - Direct Property and Casualty Insurance Carriers](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male						Female							
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	2	1	2	0	0	0	1	0	0	0	0	0	0	6
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	5	1	2	0	0	0	1	0	0	0	0	0	0	9
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	0	4	0	0	0	1	0	0	0	0	0	0	11

SECTION I – WORKFORCE SNAPSHOT PERIOD
12302024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided