

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 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	4	0	43	2	5	0	0	0	13	1	1	0	0	1	70
First/Mid-Level Officials and Managers	32	27	314	16	90	0	0	5	208	27	56	0	1	1	777
Professionals	43	67	288	32	85	1	1	6	264	47	89	3	3	6	935
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	12	24	32	12	6	0	0	2	66	43	11	0	0	4	212
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>91</b>	<b>118</b>	<b>677</b>	<b>62</b>	<b>186</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>551</b>	<b>118</b>	<b>157</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>1994</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>78</b>	<b>110</b>	<b>606</b>	<b>54</b>	<b>166</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>498</b>	<b>105</b>	<b>133</b>	<b>3</b>	<b>2</b>	<b>9</b>	<b>1775</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**  
12/30/2023 - 12/31/2023

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

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 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 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**

5/30/2024 1:14 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Jhan D. Doughty

Title of Certifying Official

VP & Head of Global Diversity, Equity & Inclusion

Email Address of Certifying Official

jhan.doughty@everestglobal.com

Telephone Number of Certifying Official

908-604-7528

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

Name of Primary POC

Jhan D. Doughty

Title and Employer of Primary POC

VP & Head of Global Diversity, Equity & Inclusion  
Everest

Email Address of Primary POC

jhan.doughty@everestglobal.com

Telephone Number of Primary POC

908-604-7528