

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 812231 (9)**  
1. Corporation Name  
**JEFFERSON INSURANCE COMPANY OF NEW YORK**



Principal Place of Business  
**NEWPORT TOWER  
525 WASHINGTON BLVD  
JERSEY CITY NJ 07310  
US**

Mailing Address  
**NEWPORT TOWER  
525 WASHINGTON BLVD  
JERSEY CITY NJ 07310  
US**

3. Date Incorporated or Qualified **09/23/1957** 3a. Date of Last Report **03/06/1995**  
4. FEI Number **13-5556470** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CLAUS, CARDINAL</b>	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARKINS, JOSEPH</b>	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>CELANO, VINCENT</b>	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMUELS, NATHANIEL</b>	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> DELETE
NAME	<b>GHIgliOTTy, EDWIN</b>	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSMEYER, HERBERT</b>	
STREET ADDRESS	<b>777 SAN MARIN DR</b>	
CITY-ST-ZIP	<b>NOVATO CA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR/SENIOR VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KENNETH JAMES BOLEN</b>	
1.3 STREET ADDRESS	<b>525 WASHINGTON BLVD.</b>	
1.4 CITY-ST-ZIP	<b>JERSEY CITY, NEW JERSEY 07310</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**400001744554**  
**-03/15/96--01048--016**  
**\*\*\*200.00**

*3796*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edwin J. Ghigliotti* *Bohlen J. Bolen* *2/27/96* *(601) 426-345*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *507* *3-14-96*

CR2E034 (12/95)