

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 07310-1607 US**

3. Date Incorporated or Qualified: **09/23/1957**  
 3a. Date of Last Report: **03/14/1996**  
 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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE RAINIS	
1.3 STREET ADDRESS	525 WASHINGTON BLVD.	
1.4 CITY-ST-ZIP	JERSEY CITY NJ	
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		

14. I do 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 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: *[Handwritten Signature]* 4/6/97 (2) 480-2415

CRE034 (9/96)