

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

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1957	
21		26		4. FEI Number 13-5556470	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUS, CARDINAL	1.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, JOSEPH	2.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	2.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELANO, VINCENT	3.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINIS, EUGENE	4.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	4.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHIJLIOTTY, EDWIN	5.2 NAME	
STREET ADDRESS	525 WASHINGTON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSMEYER, HERBERT	6.2 NAME	
STREET ADDRESS	777 SAN MARIN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOVATO CA	6.4 CITY-ST-ZIP	

14. I 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: *Edwin Ghigliotti* *11/6/98*

CR2E034 (10/97)