

# 2001 UNIFORM BUSINESS REPORT (UBR)

0131771 AT

**DOCUMENT # 812231**  
 Entity Name  
**JEFFERSON INSURANCE COMPANY**

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**

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **13-5556470**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**FILED**  
**01 SEP 25 PM 12:32**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>CUNNINGHAM, ROGER</b> <b>525 WASHINGTON BLVD</b> <b>JERSEY CITY NJ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gary Richard Dittman</b> <b>1170 BISCAY CT.</b> <b>Aurora, IL 6</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARKINS, JOSEPH</b> <b>525 WASHINGTON BLVD</b> <b>JERSEY CITY NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800004621108-4</b> <b>-10/03/01--01021--010</b> <b>****550.00 ****550.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAINIS, EUGENE</b> <b>525 WASHINGTON BLVD</b> <b>JERSEY CITY NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANSMEYER, HERBERT</b> <b>777 SAN MARIN DR</b> <b>NOVATO CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
**NO TYPE REQUIRED**

9/21/01

CR2E034 (5/01)