

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 # **H38114 (5)**
1. Corporation Name
JEFFERSON NATIONAL TITLE INSURANCE COMPANY



Principal Place of Business: **529 VERSAILLES DRIVE, SUITE 210 MAITLAND FL 32751**
Mailing Address: **529 VERSAILLES DRIVE, SUITE 210 MAITLAND FL 32751**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1031 W. Morse Blvd.		26 1031 W. Morse Blvd.		01/15/1985	05/01/1995
22 Suite 140		27 Suite 140		4. FEI Number	Applied For
23 Winter Park, FL		28 Winter Park, FL		59-2542469	Not Applicable
24 32789		29 32789		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA		30 USA		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
SWANN, HADLEY D 1031 W MORSE BLVD SUITE 270 WINTER PARK FL 32789				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

10. Name and Address of New Registered Agent

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	D
NAME	MCAULIFFE, TERENCE R	12. NAME	Kelly, Darwin P., Jr.
STREET ADDRESS	1341 G STREET, N.W., SUITE 200	13. STREET ADDRESS	2418 Tioga Trail
CITY-ST-ZIP	WASHINGTON DC 20005	14. CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VD	2. TITLE	
NAME	MCAULIFFE, DOROTHY S	22. NAME	
STREET ADDRESS	1341 G STREET, N.W., SUITE 200	23. STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20005	24. CITY-ST-ZIP	
TITLE	V	3. TITLE	
NAME	SWIRDA, LEONARD L	32. NAME	
STREET ADDRESS	708 SHADOW LAKE LANE	33. STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	34. CITY-ST-ZIP	
TITLE	D	4. TITLE	
NAME	O'HANLON, JOHN	42. NAME	
STREET ADDRESS	1341 G. STREET, N.W.; SUITE 200	43. STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	44. CITY-ST-ZIP	
TITLE	D	5. TITLE	
NAME	LYDECKER, CHARLIE	52. NAME	
STREET ADDRESS	2412 220 S. RIDGEWOOD AVE	53. STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	54. CITY-ST-ZIP	
TITLE	D	6. TITLE	
NAME	KIRSCHENBAUM, MALCOLM	62. NAME	
STREET ADDRESS	402 HIGH POINT DRIVE	63. STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	64. CITY-ST-ZIP	

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 to the annual report.

SIGNATURE: *Terence R. McAuliffe* 2-23-96 202-783-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)