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Apr 04 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 # H38114 (5)  
1. Corporation Name  
JEFFERSON NATIONAL TITLE INSURANCE COMPANY



Principal Place of Business: 1031 W MORSE BLVD SUITE 140 WINTER PARK FL 32789  
Mailing Address: 1031 W MORSE BLVD SUITE 140 WINTER PARK FL 32789-3738

3. Date Incorporated or Qualified: 01/15/1985  
3a. Date of Last Report: 03/11/1996  
4. FEI Number: 59-2542469  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
SWANN, HADLEY D  
1031 W MORSE BLVD  
SUITE 270  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE: PD  
NAME: MCAULIFFE, TERENCE R  
STREET ADDRESS: 1341 G STREET, N.W., SUITE 200  
CITY-ST-ZIP: WASHINGTON DC 20005  
TITLE: VD  
NAME: MCAULIFFE, DOROTHY S  
STREET ADDRESS: 1341 G STREET, N.W., SUITE 200  
CITY-ST-ZIP: WASHINGTON DC 20005  
TITLE: D  
NAME: O'HANLON, JOHN  
STREET ADDRESS: 1341 G. STREET, N.W.; SUITE 200  
CITY-ST-ZIP: WASHINGTON DC  
TITLE: D  
NAME: LYDECKER, CHARLIE  
STREET ADDRESS: 2412 220 S. RIDGEWOOD AVE  
CITY-ST-ZIP: DAYTONA BEACH FL  
TITLE: D  
NAME: KIRSCHENBAUM, MALCOLM  
STREET ADDRESS: 402 HIGH POINT DRIVE  
CITY-ST-ZIP: COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12  
1.1 TITLE: PD  
1.2 NAME: McAuliffe, Terence R.  
1.3 STREET ADDRESS: 816 Connecticut Avenue N.W. 11th FL  
1.4 CITY-ST-ZIP: Washington, D.C. 20006  
2.1 TITLE: VD  
2.2 NAME: McAuliffe, Dorothy S.  
2.3 STREET ADDRESS: 816 Connecticut Avenue N.W. 11th FL  
2.4 CITY-ST-ZIP: Washington, D.C. 20006  
3.1 TITLE: VD  
3.2 NAME: Swann, Richard R.  
3.3 STREET ADDRESS: 1031 W. Morse Blvd.; Suite 270  
3.4 CITY-ST-ZIP: Winter Park, FL 32789  
4.1 TITLE: D  
4.2 NAME: Kelly, Darwin P., Jr.  
4.3 STREET ADDRESS: 5104 N. Orange Blossom Trail  
4.4 CITY-ST-ZIP: Suite 103 Orlando, FL 32810

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 registered agent 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3-25-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard R. Swann U.P. 3-25-97 467-647-2777  
Daytime Phone #

CP2E034 (9/96)