

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1997 8:00am
Secretary of State

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CLAUD, CARDINAL
STREET ADDRESS 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY NJ

TITLE D ☐ DELETE

NAME HARKINS, JOSEPH
STREET ADDRESS 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY NJ

TITLE SV ☐ DELETE

NAME CELANO, VINCENT
STREET ADDRESS 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY NJ

TITLE D ☒ DELETE

NAME SAMUELS, NATHANIEL
STREET ADDRESS 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY NJ

TITLE TV ☐ DELETE

NAME GHIGLIOTTY, EDWIN
STREET ADDRESS 525 WASHINGTON BLVD
CITY-ST-ZIP JERSEY CITY NJ

TITLE D ☐ 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 ☐ Change ☒ Addition

1.2 NAME D EUGENE RAINIS
1.3 STREET ADDRESS 525 WASHINGTON BLVD.
1.4 CITY-ST-ZIP JERSEY CITY NJ

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *[Signature]*

4/6/97 (2) 422-2415

CR2E034 (9/96)