

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 018 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000027825
 1. Entity Name
CLARENDON SELECT INSURANCE COMPANY



Principal Place of Business 2600 WESTHALL LANE STE. 400 MAITLAND, FL 32751	Mailing Address 7 TIMES SQUARE 36 AND 37 FLOORS NEW YORK, NY 10036
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50003935



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01122005 Chg-P CR2E034 (10/03)

4. FEI Number 80-0050461	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SBASCHNIG, MARY <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSSON, ANDERS <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC STEINER, DETLEF <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KETELS, GERHARD <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC NAJJAR, STEVEN <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ketels* **1/11/05** **212-790-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #