

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 049 ***150.00

0045723 AV

DOCUMENT # P97000027825

1. Entity Name
CLARENDON SELECT INSURANCE COMPANY



Principal Place of Business
**1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

Mailing Address
**1545 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308**

2. Principal Place of Business
**2600 WESTHALL LANE
Suite, Apt. #, etc.
ST. 400**

3. Mailing Address
**1177 AVE. OF THE AMERICAS
Suite, Apt. #, etc.**

City & State
MAITLAND, FL


City & State
N.Y. N.Y.

Zip
32751

Country
USA

Zip
10036

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3352324 & 0050461** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ORSOLINO, GRACE	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUANG, MING I	
STREET ADDRESS	1177 AV OF THE AMERICAS 45 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	T	<input type="checkbox"/> Delete
NAME	LARSSON, ANDERS	
STREET ADDRESS	1177 AV OF THE AMERICAS 45 FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, WILLIAM E	
STREET ADDRESS	1177 6TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	STERNER, DETLEF	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KETELS, GERHARD	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SBASCHNIG, MARY	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY, 10036	
TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, ANDERS	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, DETLEF	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GERHARD KETELS 1/17/03 212-780-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)