

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # 808500 (3)

1. Corporation Name

CLARENDON NATIONAL INSURANCE COMPANY

Principal Place of Business

599 LEXINGTON AVE
NEW YORK NY 10022

Mailing Address

599 LEXINGTON AVE
NEW YORK NY 10022



2. Principal Place of Business		2a. Mailing Address	
21 1177 AVE OF THE AMERICAS	26 1177 AVE. OF THE AMERICAS		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 New York, N.Y.	28 New York, N.Y.		
Zip		Zip	
24 10036	25	29 10036	30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/16/1951	01/25/1995
4. FEI Number	Applied For
52-0266645	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL. FL 32304

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILO, RALPH	1.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, ROBERT D.	2.2 NAME	
STREET ADDRESS	599 LEXINGTON AV	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDNER, CARL J.	3.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, WILLIAM E.	4.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABELL, JOSEPH S.	5.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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, on an attachment with an address.

SIGNATURE:

CARL HILDNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 212-805-9700
Date Daytime Phone #

CR2E034 (12/95)