

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

FILED

Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808500 (3)

1. Corporation Name
CLARENDON NATIONAL INSURANCE COMPANYPrincipal Place of Business
1177 AVE OF THE AMERICAS
NEW YORK NY 10036
USMailing Address
1177 AVE OF THE AMERICAS
NEW YORK NY 10036-2714
US3. Date Incorporated or Qualified
03/16/19513a. Date of Last Report
01/29/19964. FEI Number
52-0266645Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered AgentINSURANCE COMMISSIONER
CAPTOL 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 607.1506, 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 type for printed name of registered agent or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☒ AdditionNAME
PD
MILO, RALPH
STREET ADDRESS
500 LEXINGTON AVE 1177 AVE. OF THE AMERICAS
CITY- ST- ZIP
NEW YORK NY 100361.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPD
RISTO OJANTAKANEN
1177 AVE. OF THE AMERICAS
N.Y. N.Y. 10036TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ AdditionNAME
SD
FERGUSON, ROBERT D.
STREET ADDRESS
500 LEXINGTON AVE
CITY- ST- ZIP
NEW YORK NY 100362.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPD
PENTTI SAPPALA
1177 AVE. OF THE AMERICAS
NEW YORK, N.Y. 10036TITLE ☐ DELETE

3.1 TITLE

☐ Change ☒ AdditionNAME
T
HILDNER, CARL J.
STREET ADDRESS
500 LEXINGTON AVE
CITY- ST- ZIP
NEW YORK NY 100363.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPD
PEKKA JAATINEN
1177 AVE. OF THE AMERICAS
NEW YORK, N.Y. 10036TITLE ☐ DELETE

4.1 TITLE

☐ Change ☒ AdditionNAME
VP
ROCHE, WILLIAM E.
STREET ADDRESS
500 LEXINGTON AVE
CITY- ST- ZIP
NEW YORK NY 100364.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPD
JOSEPH W. JACOBS
1177 AVE. OF THE AMERICAS
NEW YORK, N.Y. 10036TITLE ☐ DELETE

5.1 TITLE

☐ Change ☒ AdditionNAME
AS
LABELL, JOSEPH S.
STREET ADDRESS
500 LEXINGTON AVE
CITY- ST- ZIP
NEW YORK NY 100365.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPD
ROBERT M. DE MICHELE
1177 AVE. OF THE AMERICAS
NEW YORK, N.Y. 10036TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIP6.2 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL J. HILDNER

1/6/97

212-805-9700

0005238

CR2E034 (9/96)