Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 808500

1. Corporation Name

CLARENDON NATIONAL INSURANCE COMPANY

Principal Place of Business Mailing Address							H WEH BINDS DIE		61\$11 81811 18 5 1
1177 AVE OF THE AMERICAS		1177 AVE OF THE AMERICAS							
NEW YORK NY 10036		NEW YORK NY 10036			l	DO MOTIMBITE IN THE COLOR			
US		US			-	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
		A 10 A 44-				03/16/1951 4. FEI Number		A=	oplied For
	ace of Business	2a. Mailing Address				52-0266645			ot Applicable
21 Suite Ant	# 010	Suite, Apt. #, etc.				32 0200043			Additional
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curre	ent year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	X √v₀
	9. Name and Address of Current					10. Name and Address of New R	egistered A	gent	
-	-		8	1 Name					
	IRANCE COMMISSIONER		5	2 Street	Address	s (P.O. Box Number is Not Accepta	ble)		
	ITOL BLDG.		,	2 00000	Addition	g (1.0. Box (valide) is viet, isospin			
TALL	AHASSEE FL. FL 32304		8	3					
			-	A City				85 Zip	Code
			ľ	4 City			FL	103 Zip	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was at	uthorized t	ov the coro	corpora oration's	ation submits this statement for the s board of directors. I hereby accep	purpose of o t the appoin	changing its tment as re	registered egistered
ago	(a								
SIGNATURE	-				required w	han reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A		required w	nen reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE		gent signature				D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered A	gent signature	D	ADDITIONS/CHANGES TO OF	FICERS AN		
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14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

NEW YORK NY 10036