

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808500

1. Entity Name

CLARENDON NATIONAL INSURANCE COMPANY

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90119 016 ***150.00

Principal Place of Business

Mailing Address

1177 AVE OF THE AMERICAS
 NEW YORK NY 10036
 US

1177 AVE OF THE AMERICAS
 NEW YORK NY 10036-2714
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0266645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL. FL 32304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RISTO OJANTAKANEN	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENTTI SEPPALA	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEKKA JAATINEN	
STREET ADDRESS	1177 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH W. JACOBS	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT M. DE MICHELLE	
STREET ADDRESS	1177 AVE. OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10038	
TITLE	S	<input type="checkbox"/> Delete
NAME	LABELL, JOSEPH S	
STREET ADDRESS	1177 6TH AVE	
CITY-ST-ZIP	NEW YORK NY 10036	

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milo, Ralph	
STREET ADDRESS	1545 Raymond Diehl Road	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferguson, Robert D.	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zeller, Wilhelm	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haas, Herbert	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steiner, Detlef	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rohlf, Hans Dieter	
STREET ADDRESS	1177 Avenue of the Americas, 45th Floor	
CITY-ST-ZIP	New York, NY 10036	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph S. Labell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

(212) 805-9700

Date

Daytime Phone #

CR2E034 (9/99)