DOCUMENT # 808500  1. Entity Name CLARENDON NATIONAL INSURANCE COMPANY						FILED Mar 19, 2001 08:00 AM Secretary of State					
Principal Place	e of Business HE AMERICAS	Mailing Address									
NEW YORK 10036	NY US	NEW YORK 10036	US	NY							
2. Principal P	3. Mailing Address 1177 AVE OF THE AMERICAS										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e NY	City & State NEW YORK	NY	4. FEI Number Applied Fo 52-0266645 Not Applie					plied For t Applicable	<u> </u>	
Zip 10036	Country	Zip Coun 10036 US		itry		5. Certificate of Status Desired \$8.75 Additional					1
10030	6. Name and Address of Current R		0.5		7. 1	Name and Address	of New Reg		ee Require	<u> </u>	_
INSURANCE COMMISSIONER					Name						1
CAPITOL BLDG.				Street Ad	et Address (P.O. Box Number is Not Acceptable)						
32304	TALLAHASSEE FL. FL 32304 US						<del>.</del>	FL	Zip Code		-
8. The above	named entity submits_this statement for	the purpose of changing its re	gistere	d office or	registered age	ent, or both, in the S	State of Florid	a.			1
SIGNATURE _	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: F	Registered	1 Agent signatu	re required when re	instating)	-	03/19/2 DATE	2001	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax files NOW!!! Interpret Interpret Interpret Interpret Interpret Interpret Interpret Interpre				will be \$5	50.00	10. Election Car Trust Fund (		cing	<b>\$5.0</b> Added	<b>0</b> May Be to Fees	7
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGE	S TO OFFICE	RS AND	DIRECTORS	S IN 11	1_
TITLE NAME STREET ADDRESS	D ROHLF HANS D 1177 AVE OF THE AMERICAS 45TH	∐ Delete FLOOR	NAME STRE						☐ Change	Addition	E034 (11/00)
CITY-ST-ZIP	NEW YORK	NY 10036	CITY	ST-ZIP						w	E03
TITLE NAME STREET ADDRESS	D STEINER DETLEF 1177 AVE OF THE AMERICAS 45TH	☐ Delete ,	NAME	:					☐ Change	☐ Addition	CR2
CITY-ST-ZIP	NEW YORK NY 10036			et address St-Zip							
TITLE NAME	D Delete HAAS HERBERT								Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1177 AVE OF THE AMERICAS 45TH NEW YORK	FLOOR NY 10036		ET ADDRESS ST-ZIP							
TITLE NAME	D ZELLER WILHELM	☐ Delete	TITLE	<del></del>		<u>.</u>	<u> </u>		☐ Change	Addition	_
STREET ADDRESS CITY-ST-ZIP	1177 AVE OF THE AMERICAS 45TH NEW YORK	FLOOR NY 10036		ET ADDRESS ST-ZIP							
TITLE	DP	□ Delete	TITLE		DP				X Change	☐ Addition	-
NAME	FERGUSON ROBERT D	_ book	NAME		STEINER	DETLEF			M Change	☐ Audilion	
STREET ADDRESS CITY-ST-ZIP	1177 AVE OF THE AMERICAS 45TH FLOOR NEW YORK NY 10036			ET ADDRESS		F THE AMERICAS	45TH FLOO				
TITLE	CD CD			ST-ZiP	NEW YORK	<u> </u>			10036		_
NAME	MILO RALPH	☐ Delete	TITLE		CD MILO	RALPH			X Change	☐ Addition	
STREET ADDRESS	1545 RAYMOND DIEHL RD			ET ADDRESS		F THE AMERICAS					
CITY-ST-ZIP	TALLAHASSEE	FL 32308	1	ST-ZIP	NEW YORK				10036		1
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 S 03/19/2001  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

JOSEPH S. LABELL - SECRETARY 1177 AVE OF THE AMERICAS

NEW YORK, NY 10036

ANDERS LARSSON - TREASURER 1177 AVE. OF THE AMERICAS

NEW YORK, NY 10036