2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 12 AM 8:34

REINSTATEMENT 04-05

DOCUMENT # 808500

1. Entity Name
CLARENDON NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
1177 AVE OF THE AMERICAS SUITE 4500 NEW YORK, NY 10036 US	1177 AVE OF THE AMERICAS SUITE 4500 NEW YORK, NY 10036 US

2. Principal Place of Business	3. Mailing Address
7 Times Square	7 Times Square
Suite, Apt. #, etc. 37th Floor	Suite, Apt. #, etc. 37th Floor
City & State New York, NY	City & State New York, NY
Zip: 10036 Country: USA	Zip: 10036 Country: USA

01062005 REIN-P CR2E098 (6/04)

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $900.00

100046001191
01/12/05--01009--004 **900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KETEL, GERHARD 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ketels, Gerhard 7 Times Square New York, NY 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEINER, DETLEF 1177 AVE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Najjar, Steven 7 Times Square New York, NY 10036	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZELLER, WILHELM 1177 AVE OF THE AMERICAS 45TH FLOOR NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Zeller, Wilhelm 7 Times Square New York, NY 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAEBER, JUERGEN 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Graeber, Jurgen 7 Times Square New York, NY 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOENIG, ELKE 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Koenig, Elke 7 Times Square New York, NY 10036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LARSSON, AMDERS 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Larsson, Anders 7 Times Square New York, NY 10036	☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #