


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 031 ***550.00

DOCUMENT # 808500	
1. Entity Name CLARENDON NATIONAL INSURANCE COMPANY	

Principal Place of Business 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 US	Mailing Address 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 US
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00026470



2. Principal Place of Business 466 LEXINGTON AVE 1900	3. Mailing Address 466 LEXINGTON AVE 1900
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08012006 Chg-P CR2E034 (11/05)

City & State NEW YORK NY	City & State NEW YORK NY
Zip 10017	Zip 10017
Country US	Country US

4. FEI Number 52-0266645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KETEL, GERHARD 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAJJAR, STEVEN 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELLER, WILHELM 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAEBER, JURGEN 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOENIG, ELKE 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LARSSON, ANDERS 7 TIMES SQUARE, 37TH FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D PATRICK FEE 466 LEXINGTON AVE STE 1900 NEW YORK NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROBERT REDPATH 466 LEXINGTON AVE STE 1900 NEW YORK NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATTHEW MASCLA 466 LEXINGTON AVE STE 1900 NEW YORK NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ANDERS LARSSON 466 LEXINGTON AVE STE 1900 NEW YORK NY 10017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENNIS BRAZIEL 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARY ROPIECKI 466 LEXINGTON AVE SUITE 1900 NEW YORK NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # _____