

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 808500

FILED
Jul 30, 2008
Secretary of State

Entity Name: CLARENDON NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

466 LEXINGTON AVE
1900
NEW YORK, NY 10017 US

New Principal Place of Business:

Current Mailing Address:

466 LEXINGTON AVE
1900
NEW YORK, NY 10017 US

New Mailing Address:

FEI Number: 52-0266645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: CATHERINE F. HOOD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATRICK, FEE
Address: 466 LEXINTONTON AVE STE 1900
City-St-Zip: NEW YORK, NY 10017 US

Title: S () Delete
Name: REDPATH, ROBERT
Address: 466 LEXINTONTON AVE STE 1900
City-St-Zip: NEW YORK, NY 10017 US

Title: D () Delete
Name: ZELLER, WILHELM
Address: 7 TIMES SQUARE, 37TH FLOOR
City-St-Zip: NEW YORK, NY 10036 US

Title: T () Delete
Name: MASCIA, MATTHEW
Address: 466 LEXINTONTON AVE STE 1900
City-St-Zip: NEW YORK, NY 10017 US

Title: D () Delete
Name: KOENIG, ELKE
Address: 7 TIMES SQUARE, 37TH FLOOR
City-St-Zip: NEW YORK, NY 10036 US

Title: C () Delete
Name: LARSSON, ANDERS
Address: 466 LEXINGTON AVE STE 1900
City-St-Zip: NEW YORK, NY 10017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE F. HOOD

Electronic Signature of Signing Officer or Director

SVP

07/30/2008

Date