2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# 808500

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: VOGEL, RONALD H
Address: 466 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10017 US

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

Title: D
Name: PICKEL, MICHAEL B
Address: 466 LEXINGTON AVE STE 1900
City-St-Zip: NEW YORK, NY 10036 US

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

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO SIMEON, JR. MR 02/28/2011

Electronic Signature of Signing Officer or Director Date