

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 018 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000027825
 1. Entity Name
CLARENDON SELECT INSURANCE COMPANY



Principal Place of Business
 2600 WESTHALL LANE
 STE. 400
 MAITLAND, FL 32751

Mailing Address
 7 TIMES SQUARE
 36 AND 37 FLOORS
 NEW YORK, NY 10036

50003935



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
80-0050461

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SBASCHNIG, MARY <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARSSON, ANDERS <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC STEINER, DETLEF <input checked="" type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KETELS, GERHARD <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC NAJJAR, STEVEN <input type="checkbox"/> Delete 7 TIMES SQUARE NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ketels* Date: 1/11/05 Daytime Phone #: 212-790-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR