SIGNATURE:	NO SIGNATURE REQUIRED			04/02/2024					
	Electronic Signature of Registered Agent			Date					
Officer/Director Detail :									
Title (CFO	Title	SECRETARY						
Name I	MIU, JENNIFER	Name	KIRKPATRICK, SARA						
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR						
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016						
Title	CHAIRMAN OF THE BOARD	Title	DIRECTOR						
Name	SEELINGER, RICHARD	Name	HAJEK, ANNA						
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR						
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016						
Title	DIRECTOR	Title	DIRECTOR						
Name I	KERN, MARK A	Name	MIU, JENNIFER						
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR						
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016						
Title	DIRECTOR	Title	DIRECTOR						
Name I	REALI, TERESA	Name	REDPATH, ROBERT						
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR						
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016						

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US

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.

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		Continues on page 2	
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR
Name	REALI, TERESA	Name	REDPATH, ROBERT
Title	DIRECTOR	Title	DIRECTOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR
Name	KERN, MARK A	Name	MIU, JENNIFER
Title	DIRECTOR	Title	DIRECTOR
City-State-Zip:	NEW FORK NY 10016		

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: SARA KIRKPATRICK

Electronic Signature of Signing Officer/Director Detail

04/02/2024

SECRETARY

Date

FILED Apr 02, 2024 Secretary of State 1820323770CC

Certificate of Status Desired: No

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808500

Entity Name: CLARENDON NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

411 FIFTH AVENUE 5H FLOOR NEW YORK, NY 10016

Current Mailing Address:

411 FIFTH AVENUE 5H FLOOR NEW YORK, NY 10016 US

FEI Number: 52-0266645

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	SEELINGER, RICHARD	Name	SHEEHAN, MICHAEL
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016
Title	PRESIDENT/CEO	Title	TREASURER
Name	SEELINGER, RICHARD	Name	REALI, TERESA
Address	411 FIFTH AVENUE 5H FLOOR	Address	411 FIFTH AVENUE 5H FLOOR
City-State-Zip:	NEW YORK NY 10016	City-State-Zip:	NEW YORK NY 10016