

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808500

**Entity Name:** CLARENDON NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**411 5TH AVENUE  
5TH FLOOR  
NEW YORK, NY 10016**Current Mailing Address:**411 5TH AVENUE  
5TH FLOOR  
NEW YORK, NY 10016 US**FEI Number:** 52-0266645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	THOMAS, NICHOLS
Address	411 5TH AVENUE, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10016
Title	D
Name	KARL, WALL
Address	7901 4TH STREET NORTH, SUITE 203
City-State-Zip:	ST. PETERSBURG FL 33702
Title	DS
Name	THOMAS, BALKAN
Address	7901 4TH STREET NORTH, SUITE 203
City-State-Zip:	ST. PETERSBURG FL 33702

Title	D
Name	REDPATH, ROBERT
Address	411 5TH AVENUE, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10016
Title	D
Name	MICHAEL, SHEEHAN
Address	411 5TH AVENUE, 5TH FLOOR
City-State-Zip:	NEW YORK NY 10016
Title	DT
Name	THOMAS , NICHOLS
Address	411 5TH AVENUE 5TH FLOOR
City-State-Zip:	NEW YORK 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: ROBERT REDPATH****DIRECTOR****01/07/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date