

**2019 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  
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:** NO SIGNATURE REQUIRED

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT, CHAIRMAN/CEO,  
DIRECTOR**Name** PAUL , BROCKMAN**Address** 150 2ND AVENUE NORTH  
3RD FLOOR**City-State-Zip:** ST. PETERSBURG FL 33701**Title** DIRECTOR, SENIOR VICE  
PRESIDENT-GENERAL COUNSEL**Name** REDPATH, ROBERT**Address** 411 FIFTH AVENUE  
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** DIRECTOR, SVP**Name** SHEEHAN, MICHAEL**Address** 411 FIFTH AVENUE  
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** SECRETARY**Name** BALKAN, THOMAS J**Address** 150 2ND AVENUE NORTH  
3RD FLOOR**City-State-Zip:** ST. PETERSBURG FL 33701**Title** DIRECTOR, SENIOR VICE PRESIDENT**Name** SEELINGER, RICHARD**Address** 1111 THIRD AVENUE  
SUITE 1450**City-State-Zip:** SEATTLE WA 98101**Title** DIRECTOR AND CFO**Name** MIU, JENNIFER**Address** 411 FIFTH AVENUE  
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** VP, ASST. SECRETARY**Name** STAVENHAGEN, NADJA**Address** 411 FIFTH AVENUE  
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** TREASURER, VP**Name** REALI , TERESA**Address** 475 KILVERT STREET  
SUITE 330**City-State-Zip:** WARWICK RI 02886**Continues on page 2**

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:** THOMAS BALKAN**SECRETARY**

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR, ASSISTANT SECRETARY  
Name                 DORE, JOHN  
Address               626 W. JACKSON BLVD  
                             S. 500  
City-State-Zip:      CHICAGO IL 60661

Title                 DIRECTOR  
Name                 HAJEK, ANNA MARIE  
Address               8725 W. HIGGINS RD  
                             #810  
City-State-Zip:      CHICAGO IL 60631