

2018 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

04/06/2018

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, SVP**Name** SHEEHAN, MICHAEL**Address** 411 FIFTH AVENUE
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** DIRECTOR**Name** SEELINGER, RICHARD**Address** 1111 THIRD AVENUE
SUITE 1450**City-State-Zip:** SEATTLE WA 98101**Title** VP, ASST. SECRETARY**Name** STAVENHAGEN, NADJA**Address** 411 FIFTH AVENUE
5TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** DIRECTOR, SENIOR VICE
PRESIDENT-GENERAL COUNSEL**Name** REDPATH, ROBERT**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, TREASURER, CFO**Name** MIU, JENNIFER**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

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: NADJA STAVENHAGEN

VICE PRESIDENT

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date