

**2021 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

04/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 DIRECTOR, CHAIRMAN, PRESIDENT,  
CEO  
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 DIRECTOR, TREASURER, SENIOR  
VICE PRESIDENT  
Name REALI, TERESA  
Address 475 KILVERT STREET  
SUITE 330  
City-State-Zip: WARWICK RI 02886

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

**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:** NADJA STAVENHAGEN

VICE PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR, SENIOR VICE PRESIDENT  
Name                KERN, MARK A.  
Address             411 FIFTH AVENUE  
                      5TH FLOOR  
City-State-Zip:    NEW YORK NY 10016

Title                 VP  
Name                FLETCHER, SHARON  
Address             475 KILVERT STREET  
                      SUITE 330  
City-State-Zip:    WARWICK RI 02886