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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05621**

1. Corporation Name
QBE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
88 PINE STREET (16TH FLOOR) WALL STREET PLAZA NEW YORK NY 10005 IR	ST. STEPHEN'S GREEN HOUSE EARLSFORT TERRACE DUBLIN 2 IR 10006-1404 IR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 Wall Street Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 88 Pine Street-16th Fl
City & State 23	City & State 28 New York, NY
Zip / Country 24 / 25	Zip / Country 29 10005-1801 / 30

3. Date Incorporated or Qualifed: 04/09/1985

4. FEI Number: 22-2311816 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE, FLORDIA FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	XX ☐ Change	☐ Addition
NAME	ALTMAN, ABE		1.2 NAME	Wall Street Plaza-88 Pine St.16th Fl	
STREET ADDRESS	ONE LIBERTY PLAZA		1.3 STREET ADDRESS	New York, New York 10005-1801	
CITY-ST-ZIP	NEW YORK NY 10006		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	PRZYBYSZEWSKI, ANTHONY ROBERT		2.2 NAME	Wall Street Plaza-88 Pine St., 16th	
STREET ADDRESS	C/O SYDNEY REINSURANCE CORP., 1 LIBERTY PZ		2.3 STREET ADDRESS	New York, New York 10005-1801	
CITY-ST-ZIP	NEW YORK NY 10006		2.4 CITY-ST-ZIP		
TITLE	VAT	XX DELETE	3.1 TITLE	SVPD	☐ Change XX Addition
NAME	GALVIN, GARRETT P		3.2 NAME	Luckstone, Thomas P.	
STREET ADDRESS	ST STEPHENS GREENHOUSE TERRACE		3.3 STREET ADDRESS	Wall Street Plaza-88 Pine St.16th	
CITY-ST-ZIP	EARLSFORT TERRACE, DUBLIN		3.4 CITY-ST-ZIP	New York, New York 10005-1801	
TITLE	VTD	☐ DELETE	4.1 TITLE	XX Change	☐ Addition
NAME	KENNY, TIMOTHY		4.2 NAME		
STREET ADDRESS	ONE LIBERTY PLAZA		4.3 STREET ADDRESS	Wall Street Plaza-88 Pine St.16th	
CITY-ST-ZIP	NEW YORK NY 10006		4.4 CITY-ST-ZIP	New York, New York 10005-1801	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	O'HALLORAN, FRANCIS MICHAEL		5.2 NAME		
STREET ADDRESS	82 PITT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SYDNEY, AUSTRALIA		5.4 CITY-ST-ZIP		
TITLE	V	X DELETE	6.1 TITLE	V	☐ Change X Addition
NAME	FIORE, JAMES J		6.2 NAME	Calascione Stephen M.	
STREET ADDRESS	ONE LIBERTY PLAZA		6.3 STREET ADDRESS	Wall Street Plaza-88 Pine St.16th	
CITY-ST-ZIP	NEW YORK NY 10006		6.4 CITY-ST-ZIP	New York, New York 10005-1801	

CR2E044 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 1/21/99 212-894-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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FLORIDA DEPARTMENT OF INSURANCE
PROFIT CORPORATION ANNUAL REPORT 1999
DOCUMENT NO. P05621

QBE INSURANCE CORPORATION
FEIN NO. 22-2311816

Additions/Changes to Officers and Directors in 12

SVPD	Thomas P. Luckstone QBE Insurance Corporation Wall Street Plaza 88 Pine Street, 16th Floor New York, NY 10005-1801
VP	Stephen M. Calascione QBE Insurance Corporation Wall Street Plaza 88 Pine Street, 16th Floor New York, NY 10005-1801
D	Brian Raymond Cotterill QBE International Insurance Ltd. Corning Exchange, Mark Lane London, England EC3R7NE
D	Claude Moreland Scales, III, Esq. Gilbert, Segall and Young LLP 430 Park Avenue New York, NY 10022