2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90091 013 ***150.00

DOCUMENT # P05621

1. Entity Name
QBE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
88 PINE STREET (16TH FLOOR) WALL STREET PLAZA NEW YORK NY 10005 IR	WALL STREET PLAZA 88 PINE STREET-16TH FL NEW YORK NY 10005-1801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE CAPITOL TALLAHASSEE, FLORDIA FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT FISH, CHRISTOPHER C WALL STREET PLAZA-88 PINE ST. 16TH FL. NEW YORK NY 10005-1801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President & Controller Philip Figueiredo Wall Street Plaza -88 Pine Street, 16th FL New York, NY 10005	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAOS PRZYBYSZEWSKI, ANTHONY ROBERT WALL STREET PLAZA-88 PINE ST. 16TH FL. NEW YORK NY 10005-1801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD DAVEY, IAN G WALL STREET PLAZA-88 PINE ST. 16TH FL. NEW YORK NY 10005-1801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCFO KENNY, TIMOTHY WALL STREET PLAZA-88 PINE ST. 16TH FL. NEW YORK NY 10005-1801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HALLORAN, FRANCIS MICHAEL 82 PITT STREET SYDNEY, AUSTRALIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CALASCIONE, STEPHEN M WALL STREET PLAZA-88 PINE ST. 16TH FL. NEW YORK NY 10005-1801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/02 212-894-7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)