2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P05621

Entity Name: QBE INSURANCE CORPORATION

Current Principal Place of Business:

88 PINE STREET (4TH FLOOR)
WALL STREET PLAZA
NEW YORK, NY 10005 US

New Principal Place of Business:

Current Mailing Address:

WALL STREET PLAZA
88 PINE STREET-4TH FL
NEW YORK, NY 100051801 US

New Mailing Address:

WALL STREET PLAZA
88 PINE STREET-4TH FL
NEW YORK, NY 10005 US

FEI Number: 22-2311816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T
Name: FRANZINO, ROBERT
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: S
Name: MALONEY, PETER
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: P, D
Name: BYLER, ROBERT
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D
Name: RUMPLER, JOHN
Address: 88 PINE STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: AS
Name: BURTNETT, JODIE
Address: ONE GENERAL DRIVE
City-St-Zip: SUN PRAIRIE, WI 53596 US

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: JODIE BURTNETT AS 04/18/2011

Electronic Signature of Signing Officer or Director — Date