2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90116 030 ***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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. 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	VP & Controller Philip Figueiredo Wall street Plaza - 88 Pine Street 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		☐ 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		☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HALLORAN, FRANCIS MICHAEL 82 PITT STREET SYDNEY, AUSTRALIA	☐ Delete		☐ 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		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Philip Figueiredo 4/29/03 212 8947709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — VP & Controller — Date — Daytime Phone #

CR2E034 (10/02)

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