2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2025
Secretary of State
1319958504CC

DOCUMENT# P05621

Entity Name: QBE INSURANCE CORPORATION

Current Principal Place of Business:

ONE QBE WAY
SUN PRAIRIE, WI 53596

Current Mailing Address:

ONE QBE WAY
SUN PRAIRIE, WI 53596 US

FEI Number: 22-2311816

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	PIRCHER, JASON
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	DIRECTOR, PRESIDENT
Name	WOOD, JULIE
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	DIRECTOR
Name	DAUPHINAIS, KRISTEN
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	DIRECTOR
Name	NAIDOO, SHAMLA
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	SECRETARY
Name	LADWIG, RICHELLE
Address	ONE QBE WAY
City-State-Zip:	SUN PRAIRIE WI 53596

Title	DIRECTOR
Name	CASTALDO, CHRISTOPHER
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	DIRECTOR
Name	HARRIS, LAURIE
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

Title	DIRECTOR
Name	RITCHEY, SHARON
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

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: JODIE BURTNETT ASST. SECRETARY 04/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	BURTNETT, JODIE
Address	ONE QBE WAY
City-State-Zip:	SUN PRAIRIE WI 53596

Title	DIRECTOR
Name	HORTON, ANDREW
Address	55 WATER ST.
City-State-Zip:	NEW YORK NY

Title	DIRECTOR
Name	JONES, DAN
Address	55 WATER ST.
City-State-Zip:	NEW YORK NY