

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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	PASKO, MARK
Address	55 WATER STREET
City-State-Zip:	NEW YORK NY 10041

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

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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

04/24/2024

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