2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC7945206670

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Entity Name: QBE INSURANCE CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

WALL STREET PLAZA
88 PINE STREET-4TH FL
NEW YORK, NY 10005 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	T
Name	COLANERI, JOANNA
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	P, D
Name	JAMES, BOB
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	BAZAAR, HARVEY
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	DEAL, GREGORY
Address	7333 SUNWOOD DRIVE
City-State-Zip:	RAMSEY MN 55303

Title	S
Name	GONZALEZ, JOSE
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

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

Title	DIRECTOR
Name	DUCLOS, DAVID
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	DZIADZIO, RICHARD
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

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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 L BURTNETT — ASSISTANT CORPORATE SECRETARY — 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DRISCOLL, ALAN
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	LANTIONE, JOHN
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	METCALF, MARC
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	GLOSSMAN, DIANE
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	GRANGE, JEFF
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	TATE, TRUETT
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005

Title	DIRECTOR
Name	KRONENBERG, WILLIAM
Address	WALL STREET PLAZA 88 PINE STREET
City-State-Zip:	NEW YORK NY 10005