

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05621

Entity Name: QBE INSURANCE CORPORATION**Current Principal Place of Business:**55 WATER STREET
NEW YORK, NY 10041**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 MCDERMOTT, NEIL
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

Title SECRETARY
Name GONZALEZ, JOSE
Address 55 WATER STREET
City-State-Zip: NEW YORK NY 10041

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

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

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

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

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

Title DIRECTOR
Name TATE, TRUETT
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: JENNIFER VERNON

ASST. SECRETARY

04/23/2019

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KRONENBERG, WILLIAM
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 ASST. SECRETARY
Name VERNON, JENNIFER
Address ONE QBE WAY
City-State-Zip: SUN PRAIRIE WI 53596