

F13000002896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

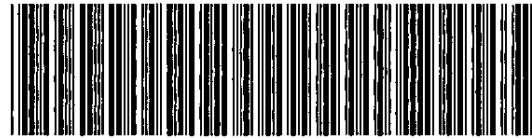
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

144

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: QBE Administration Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jodie L. Burnett

Name of Person

QBE

Firm/Company

One General Drive

Address

Sun Prairie, WI 53596

City/State and Zip code

regulatorycompliance@us.qbe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodie L. Burnett

at (**608**) **825-5043**

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **QBE Administration Services, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **71-1018438**

(FEI number, if applicable)

4. **October 30, 2006**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **One General Drive, Sun Prairie, WI 53596**

(Principal office address)

One General Drive, Sun Prairie, WI 53596

(Current mailing address)

8. **vehicle service contract provider and related activities**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida **33324**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

Sandra Ortega
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54 JUN 2006

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Neal

Address: Wall Street Plaza, 88 Pine Street
New York, NY 10005

Vice Chairman: David Duclos

Address: Wall Street Plaza, 88 Pine Street
New York, NY 10005

Director: Susan Harnett

Address: Wall Street Plaza, 88 Pine Street
New York, NY 10005

Director: John Langion

Address: Wall Street Plaza, 88 Pine Street
New York, NY 10005

B. OFFICERS

President: David Duclos

Address: Wall Street Plaza, 88 Pine Street
New York, NY 10005

Vice President: _____

Address: _____

Secretary: Peter Maloney & Jennifer J. Vernon

Address: Wall Street Plaza, 88 Pine Street, New York, NY 10005

Treasurer: Joanna Colaneri

Address: Wall Street Plaza, 88 Pine Street, New York, NY 10005

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Jennifer J. Vernon

Assistant Corporate Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Delaware

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SECRETARY OF STATE
DELAWARE FLORIDA

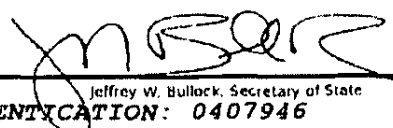
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QBE ADMINISTRATION SERVICES, INC."
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY,
A.D. 2013.

4243423 8300

130507181

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0407946

DATE: 05-06-13