

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05621

1. Entity Name
QBE INSURANCE CORPORATION



Principal Place of Business
**88 PINE STREET (16TH FLOOR)
WALL STREET PLAZA
NEW YORK, NY 10005**

Mailing Address
**WALL STREET PLAZA
88 PINE STREET-16TH FL
NEW YORK, NY 10005-1801**



08272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2311816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000773338
09/05/07-80007-002 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOT
FISH, CHRISTOPHER C
WALL STREET PLAZA-88 PINE ST. 16TH FL.
NEW YORK, NY 100051801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
MALONEY, PETER
WALL STREET PLAZA-88 PINE ST. 16TH FL.
NEW YORK, NY 100051801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPD
DAVEY, IAN G
WALL STREET PLAZA-88 PINE ST. 16TH FL.
NEW YORK, NY 100051801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCFO
KENNY, TIMOTHY
WALL STREET PLAZA-88 PINE ST. 16TH FL.
NEW YORK, NY 100051801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'HALLORAN, FRANCIS MICHAEL
82 PITT STREET
SYDNEY, AUSTRALIA,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CALASCIONE, STEPHEN M
WALL STREET PLAZA-88 PINE ST. 16TH FL.
NEW YORK, NY 100051801**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #