

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-12-2005 90039 022 ***550.00

DOCUMENT # **P05756**

1. Entity Name

QBE Reinsurance Corporation



DO NOT WRITE IN THIS SPACE

66025574

2. Principal Place of Business

Wall Street Plaza: 88 Pine Street, 16th Floor

3. Mailing Address

Wall Street Plaza: 88 Pine Street, 16th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New York, NY

City & State
New York, NY

4. FEI Number
23-1641984

Applied For
Not Applicable

Zip
10005

Country

Zip
10005

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address(P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
KENNY, TIMOTHY M
88 PINE STREET, 16TH FLOOR
NEW YORK, NY 10005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
PETER MALONEY
88 PINE STREET, 16TH FLOOR
NEW YORK, NY 10005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CHRISTOPHER FISH
88 PINE STREET, 16TH FLOOR
NEW YORK, NY 10005

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHER FISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

212-894-7530

Daytime Phone #