

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05756

1. Entity Name

QBE REINSURANCE CORPORATION



Principal Place of Business

88 PINE STREET 16TH FLOOR
WALL STREET PLAZA
NEW YORK, NY 10005-1801

Mailing Address

88 PINE STREET 16TH FLOOR
WALL STREET PLAZA
NEW YORK, NY 10005-1801

DO NOT WRITE IN THIS SPACE



08272007 No Chg-P CR2E034 (11/05)

4. FEI Number

23-1641984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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)

DATE

000000773337
09/05/07-20007-001 150.00

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

TITLE S
NAME MALONEY, PETER
STREET ADDRESS 88 PINE ST., 16TH FLR.
CITY-ST-ZIP NEW YORK, NY 10005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

8/29/07