

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05756

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** QBE REINSURANCE CORPORATION

**Current Principal Place of Business:**

88 PINE STREET 4TH FLOOR  
WALL STREET PLAZA  
NEW YORK, NY 100051801 US

**New Principal Place of Business:**

**Current Mailing Address:**

88 PINE STREET 4TH FLOOR  
WALL STREET PLAZA  
NEW YORK, NY 100051801 US

**New Mailing Address:**

**FEI Number:** 23-1641984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: RUMPLER, JOHN  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: S  
Name: MALONEY, PETER  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: T  
Name: FRANZINO, ROBERT  
Address: 88 PINE STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: AS  
Name: BURTNETT, JODIE  
Address: ONE GENERAL DRIVE  
City-St-Zip: SUN PRAIRIE, WI 53596

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: JODIE BURTNETT

AS

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date