**FILED** 

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2003 8:00 am Secretary of State P05756 DOCUMENT # 04-28-2003 91460 016 \*\*\*150.00 1. Entity Name **QBE REINSURANCE CORPORATION** Principal Place of Business Mailing Address 88 PINE STREET 16TH FLOOR 88 PINE STREET 16TH FLOOR WALL STREET PLAZA WALL STREET PLAZA NEW YORK NY 10005-1801 NEW YORK NY 10005-1801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 23-1641984 Not Applicable Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Change KENNY, TIMOTHY M NAME NAME 88 PINE STREET 16TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10005** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PRZYBYSZEWSKI, ANTHONY R NAME NAME 88 PINE STREET 16TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10005 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FISH, CHRISTOPHER C NAME NAME STREET ADDRESS 88 PINE STREET 16TH FLOOR STREET ADDRESS NEW YORK NY 10005 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 tenort 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 truffee 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 ss, with all other like empowered

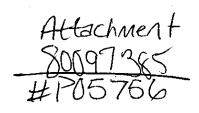
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #





April 23, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: DOCUMENT #P05756\_

Dear Sir or Madam:

With reference to the above captioned, please find enclosed Check No. 5664 in the amount of \$150.00 in payment of the 2002 Annual Report Filing fee.

Sincerely,

Christine Kaatze

Administrative Assistant

/ck

Enclosure



telephone (212) 422-1212

facsimile (212) 422-1313 QBE Reinsurance Corporation

