

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05756

**Entity Name:** QBE REINSURANCE CORPORATION**Current Principal Place of Business:**ONE QBE WAY  
SUN PRAIRIE, WI 53596**Current Mailing Address:**ONE QBE WAY  
SUN PRAIRIE, WI 53596 US**FEI Number:** 23-1641984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name JONES, TODD  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title SECRETARY  
Name PASKO, MARK  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title TREASURER  
Name MCDERMOTT, NEIL  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name CASTALDO, CHRISTOPHER  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name LANGIONE, JOHN  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name METCALF, MARC  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name TATE, TRUETT  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title ASST. SECRETARY  
Name VERNON, JENNIFER  
Address ONE QBE WAY  
City-State-Zip: SUN PRAIRIE WI 53596

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*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:** JENNIFER VERNON

ASST. SECRETARY

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARRIS, LAURIE  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name RITCHEY, SHARON  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title DIRECTOR  
Name NAIDOO, SHAMLA  
Address 55 WATER STREET  
City-State-Zip: NEW YORK NY 10041

Title ASST. SECRETARY  
Name BURTNETT, JODIE  
Address ONE QBE WAY  
City-State-Zip: SUN PRAIRIE WI 53596