

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05756

**Entity Name:** QBE REINSURANCE CORPORATION**Current Principal Place of Business:**88 PINE STREET 4TH FLOOR  
WALL STREET PLAZA  
NEW YORK, NY 10005-1801**Current Mailing Address:**ONE GENERAL DRIVE  
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        PRESIDENT, DIRECTOR  
Name        JOHNSTON, RUSSELL  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title        SECRETARY  
Name        GONZALEZ, JOSE  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title        TREASURER  
Name        MCDERMOTT, NEIL  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

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

Title        DIRECTOR  
Name        BAZAAR, HARVEY  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title        DIRECTOR  
Name        JAMES, BOB  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title        DIRECTOR  
Name        HILL, KRIS  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title        DIRECTOR  
Name        LANGIONE, JOHN  
Address     WALL STREET PLAZA  
              88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

**Continues on page 2**

*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

ASST. SECRETARY

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name METCALF, MARC  
Address WALL STREET PLAZA  
88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name TATE, TRUETT  
Address WALL STREET PLAZA  
88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name GLOSSMAN, DIANE  
Address WALL STREE PLAZA  
88 PINE STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name KRONENBERG, WILLIAM  
Address WALL STREET PLAZA  
88 PINE STREET  
City-State-Zip: NEW YORK NY 10005