

1.) CORPORATION NAME:

QBE Reinsurance Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM**
4701 COX RD STE 301
GLEN ALLEN, VA 23060

DUE DATE: **2/29/2012**

SCC ID NO: **F0379802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: WALL STREET PLAZA
88 PINE STREET-16TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10005-1801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN RUMPLER	
TITLE:	PRESIDENT	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER MALONEY	
TITLE:	SECRETARY	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES JUSTIN FIORE	
TITLE:	DIRECTOR	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER FISH	
TITLE:	DIRECTOR	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT FRANZINO TREASURER WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS O'HALLORAN DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARVEY BAZAAR DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BYLER DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY DEAL DIRECTOR 7333 SUNWOOD DRIVE RAMSEY, MN 55303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD FARRELL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC METCALF DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY PRZYBYSZEWSKI DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MIKE SCALA TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: JODIE L BURTNETT TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JODIE L BURTNETT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JODIE L BURTNETT, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/16/2012</u> DATE
---	---	--------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.