

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211508487

1.) CORPORATION NAME:

QBE MANAGEMENT, INC.

DUE DATE: **1/31/2011**

SCC ID NO: **F1324971**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: WALL STREE PLAZA
88 PINE STREET_-16TH FL

CITY/ST/ZIP: NEW YORK, NY 10051-0801

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:		P/CEO		
ADDRESS:		88 PINE ST		
CITY/ST/ZIP/CO:		NEW YORK, NY 10005-		

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

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

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

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:		FRANCIS O'HALLORAN		
TITLE:		DIRECTOR		
ADDRESS:		88 PINE STREET		
CITY/ST/ZIP/CO:		NEW YORK, NY 10005-		

NAME: JOHN NEAL TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT FRANZINO TITLE: TREASURER ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JENNIFER J VERNON 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.		
/s/ JENNIFER J VERNON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER J VERNON, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	4/26/2011 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.		