

1.) CORPORATION NAME:

**QBE MANAGEMENT, INC.**

DUE DATE: **1/31/2012**

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.

NAME:	PETER MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	88 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JENNIFER J VERNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE GENERAL DRIVE		
CITY/ST/ZIP/CO:	SUN PRAIRIE, WI 53596-		
NAME:	ROBERT FRANZINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JAMES JUSTIN FIORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	CHRISTOPHER COLIN FISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE ST		
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: FRANCIS O'HALLORAN TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN RUMPLER TITLE: PRESIDENT ADDRESS: 88 PINE ST CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE THWAITES TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER <input checked="" 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
1/4/2012 _____ 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.	