

1.) CORPORATION NAME:

QBE MANAGEMENT, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1324971**

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

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:	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 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
NAME:	Wendall Stocker	
TITLE:	TREASURER	
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 C FISH	
TITLE:	DIRECTOR	
ADDRESS:	Wall Street Plaza 88 Pine Street	
CITY/ST/ZIP/CO:	NEW YORK, NY 10005	

NAME: JOHN NEAL 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: Sue Harnett 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: John Langione 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	
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	1/29/2013 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.		