# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004933

Entity Name: QBE AMERICAS, INC.

## **Current Principal Place of Business:**

WALL STREET PLAZA, 88 PINE STREET NEW YORK, NY 10005

#### **Current Mailing Address:**

WALL STREET PLAZA, 88 PINE STREET NEW YORK, NY 10005

# FEI Number: 27-0918826

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

FILED Mar 28, 2017

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

	Title	PRESIDENT, DIRECTOR	Title	TREASURER
	Name	JOHNSTON, RUSSELL	Name	MCDERMOTT, NEIL
	Address	WALL STREET PLAZA 88 PINE STREET	Address	WALL STREET PLAZA 88 PINE STREET
	City-State-Zip:	NEW YORK NY 10005	City-State-Zip:	NEW YORK NY 10005
	Title	SECRETARY	Title	ASST. SECRETARY
	Name	GONZALEZ, JOSE	Name	VERNON, JENNIFER
	Address	WALL STREET PLAZA	Address	ONE GENERAL DRIVE
	City-State-Zip:	88 PINE STREET NEW YORK NY 10005	City-State-Zip:	SUN PRAIRIE WI 53596
	Title		Title Name	DIRECTOR
				LANGIONE, JOHN
	Name Address	JAMES, ROBERT WALL STREET PLAZA	Address	WALL STREET PLAZA 88 PINE STREET
			City-State-Zip:	NEW YORK NY 10005
	City-State-Zip:	NEW YORK NY 10005		
	Title	DIRECTOR		
	Name	HILL, KRIS		

NEW YORK NY 10005 City-State-Zip:

WALL STREET PLAZA

**88 PINE STREET** 

Address

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: JENNIFER VERNON

ASST SECRETARY

03/28/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date