QBE Insurance Group Limited ABN 28 008 485 014 Level 27, 8 Chifley Square, SYDNEY NSW 2000 Australia GPO Box 82, Sydney NSW 2001 telephone + 612 9375 4444 • facsimile + 612 9231 6104

www.qbe.com



18 September 2014

The Manager
Market Announcements Office
ASX Limited
Level 4
Exchange Centre
20 Bridge Street
SYDNEY NSW 2000

Dear Sir/Madam,

Elders Limited – Notice of ceasing to be a substantial holder

For the market's information, please find enclosed our signed Form 605 – Notice of ceasing to be a substantial holder.

Yours faithfully,

Peter Smiles

Deputy Company Secretary

Attachment

Form 605

Corporations Act 2001 Section 671B

Notice of ceasing to be a substantial holder

To Company Name/Scheme

ELDERS LIMITED

ACN/ARSN

ACN 004 336 636

1. Details of substantial holder(1)

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QBE INSURANCE GROUP LIMITED

ACN/ARSN (if applicable)

ACN 008 485 014

The holder ceased to be a

substantial holder on

17/ 9/2014

The previous notice was given to the company on

26/5 /2014

The previous notice was dated

26 /5 /2014

2. Changes in relevant interests

Particulars of each change in, or change in the nature of, a relevant interest (2) of the substantial holder or an associate (3) in voting securities of the company or scheme, since the substantial holder was last required to give a substantial holding notice to the company or scheme are as follows:

Date of change	Person whose relevant interest changed	Nature of change (4)	Consideration given in relation to change(5)	Class (6) and number of securities affected	Person's votes affected
17/9/2014	QBE Insurance (Australia) Ltd	Dilution due to rights offering by Elders Limited	NIL	N/A	NIL

3. Changes in association

The persons who have become associates (3) of, ceased to be associates of, or have changed the nature of their association (7) with, the substantial holder in relation to voting interests in the company or scheme are as follows:

Name and ACN/ARSN (if applicable)	Nature of association
No Variation	No Variation

4. Addresses

The addresses of persons named in this form are as follows:

Name	Address	
QBE INSURANCE (AUSTRALIA) LIMITED	LEVEL 27, 8 CHIFLEY SQUARE, SYDNEY NSW 2000	

Signature

print name

Peter Smiles

capacity (

Deputy Company Secretary

sign here

Acta Smile

date 18/ 09 / 2014