


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # F98000000269 1. Entity Name QCC INSURANCE COMPANY	
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Principal Place of Business 1901 MARKET ST PHILADELPHIA, PA 19103	Mailing Address 1901 MARKET ST 42ND FLOOR - STAT REPORTING PHILADELPHIA, PA 19103-1480
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2184623	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature is print or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000729646 05/08/07-80047-015 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPCD FRICK, JOSEPH A 1901 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD FOOS, JOHN G 1901 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BUTLER, CHRISTOPHER D 1901 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD DADDIS, JOHN A 1901 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGETT, WILLIAM F 1901 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD PARK, ROSEMARY A 1901 MARKET ST PHILADELPHIA, PA 19103

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Daddis Date: 4/24/07 Daytime Phone #: 215-241-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Daddis, Sr. V.P. Subsidiary Operations