


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 29, 2008 08:00 AM
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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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2184623	Applied For Not Applicable
5. Certificate of Status Desired <input 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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

U00000956593
07/29/08-80001-021 550.00

**DO NOT WRITE
IN THIS SPACE**

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: *Joseph A. Frick* **7-9-08** **215-241-3512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #