

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000269

FILED
Aug 04, 2011
Secretary of State

Entity Name: QCC INSURANCE COMPANY

Current Principal Place of Business:

1901 MARKET ST
36TH FLOOR
PHILADELPHIA, PA 19103

New Principal Place of Business:

Current Mailing Address:

1901 MARKET ST
36TH FLOOR
PHILADELPHIA, PA 19103

New Mailing Address:

FEI Number: 23-2184623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: CPCD
Name: HILLFERTY, DANIEL J
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

Title: CFOD
Name: KRIGSTEIN, ALAN
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

Title: EVPD
Name: BRIGHT, YVETTE D
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

Title: EVPD
Name: UDVARHELYI, STEVEN I MD
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

Title: EVP
Name: CASHMAN, CHRISTOPHER
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

Title: ASEC
Name: TALIAFERRO, LILTON R JR
Address: 1901 MARKET ST
City-St-Zip: PHILADELPHIA, PA 19103

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: LILTON R. TALIAFERRO, JR.

ASEC

08/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date