

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90023 005 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000000269**

1. Corporation Name  
**QCC INSURANCE COMPANY**



Principal Place of Business  
**1901 MARKET ST  
 PHILADELPHIA PA 19103**

Mailing Address  
**1901 MARKET ST  
 PHILADELPHIA PA 19103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified  
**01/15/1998**

4. FEI Number  
**23-2184623** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	DIBONA, G. FRED JR ESQ	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIBONA, G. FRED JR ESQ	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VCIO	<input type="checkbox"/> DELETE
NAME	BRENNAN, MARTIN A	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	CMO	<input type="checkbox"/> DELETE
NAME	BUTLER, CHRISTOPHER D	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DADDIS, JOHN A	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DORAN, RICHARD A	
STREET ADDRESS	1901 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] MAY 26, 1999 215-241-2422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)