


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90193 025 \*\*\*150.00

<b>DOCUMENT # 827838</b> 1. Entity Name <b>R&amp;Q REINSURANCE COMPANY</b>					
Principal Place of Business <b>436 WALNUT ST PHILADELPHIA, PA 19106</b>			Mailing Address <b>436 WALNUT ST PHILADELPHIA, PA 19106</b>		
2. Principal Place of Business - No P.O. Box # <b>30 South 17th Street</b> Suite, Apt. #, etc. <b>715</b>		3. Mailing Address <b>2 Central Square</b> Suite, Apt. #, etc.			
City & State <b>Philadelphia PA</b>		City & State <b>Cambridge MA</b>		4. FEI Number <b>23-1740414</b>	
Zip <b>19105</b>		Zip <b>02139</b>		Country <b>USA</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ESKELAND, CHRISTOPHER J 30 S 17TH ST., SUITE 1810 PHILADELPHIA, PA 19103</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Kenneth Randall 2 Central Square Cambridge, MA 02139</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DCFO YOST, CONNIE F 30 S 17TH ST., SUITE 1810 PHILADELPHIA, PA 19103</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO - Treasurer Pamela Sellers-Hoelsken 2 Central Square Cambridge, MA 02131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KWOK, FAN 30 S 17TH ST., SUITE 1810 PHILADELPHIA, PA 19103</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Jeremy Wall 2 Central Square Cambridge, MA 02134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS CHAMBERS, SUSAN A 510 WALNUT ST PHILADELPHIA, PA 19106</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS BUCKLEY, JOHN M 510 WALNUT ST PHILADELPHIA, PA 19106</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WAMSER, THOMAS J 436 WALNUT ST PHILADELPHIA, PA 19106</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Pamela Sellers-Hoelsken</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/23/07</b> Daytime Phone # <b>617-234-3871</b>		