

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:44

DOCUMENT # P40558 (9)
1. Corporation Name
THE POTOMAC INSURANCE COMPANY OF ILLINOIS

Principal Place of Business: 436 WALNUT ST. PHILADELPHIA PA 19105
Mailing Address: 436 WALNUT ST. PHILADELPHIA PA 19105

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		28		09/21/1992	04/20/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		23-2182777	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	
SMITH, EILEEN S 2801 WESTHALL LANE MAITLAND FL 32751				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
b3		b4 City		b5 Zip Code	
		FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: *Eileen S Smith* Claim Manager 3/20/95
Signature (typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNAM, WALTER EDWARD	12 NAME	
STREET ADDRESS	300 SLEEPY HOLLOW DR.	13 STREET ADDRESS	
CITY - ST - ZIP	NEWTOWN SQUARE PA	14 CITY - ST - ZIP	
TITLE	DVC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, GEORGE NORTON	22 NAME	
STREET ADDRESS	2829 PROVIDENCE RD.	23 STREET ADDRESS	
CITY - ST - ZIP	ROSE TREE PA	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, JOSEPH RICHARD, JR	32 NAME	
STREET ADDRESS	2551 CHESHIRE DR.	33 STREET ADDRESS	
CITY - ST - ZIP	AUROROA IL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARA, LAZARUS THEODORE	42 NAME	
STREET ADDRESS	2930 W. RASCHER AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	44 CITY - ST - ZIP	
TITLE	P	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, FRANCIS JOSEPH	52 NAME	
STREET ADDRESS	102 VICTORIA CT.	53 STREET ADDRESS	
CITY - ST - ZIP	DOWNINGTOWN PA	54 CITY - ST - ZIP	
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC LOONE, MICHAEL EUGENE	62 NAME	
STREET ADDRESS	17 EAST CHESTNUT AVE.	63 STREET ADDRESS	
CITY - ST - ZIP	MERCHANTVILLE NJ	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Frank J. Coyne* -FRANK J. COYNE 4/5/95 (215) 625-1063
Signature (typed or printed name of signing officer or director) Date (typed if first)