

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **09/21/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **23-218277**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent  
**SMITH, EILEEN S  
2601 WESTHALL LANE  
MAITLAND FL 32751**

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

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: \_\_\_\_\_ (NAME) Registered Agent Signature Required When Registering \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARNAM, WALTER EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>300 SLEEPY HOLLOW DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWTOWN SQUARE PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRIS, GEORGE NORTON</b>	2.2 NAME	
STREET ADDRESS	<b>2829 PROVIDENCE RD.</b>	2.3 STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY-ST-ZIP	<b>ROSE TREE PA</b>	2.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA. 19105</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWD, JOSEPH RICHARD, JR</b>	3.2 NAME	
STREET ADDRESS	<b>2551 CHESHIRE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AURORA IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEARA, LAZARUS THEODORE</b>	4.2 NAME	
STREET ADDRESS	<b>2930 W. RASCHER AVE.</b>	4.3 STREET ADDRESS	<b>436 WALNUT STREET</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA. 19105</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COYNE, FRANCIS JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>102 VICTORIA CT.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWNINGTOWN PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC LOONE, MICHAEL EUGENE</b>	6.2 NAME	
STREET ADDRESS	<b>17 EAST CHESTNUT AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERCHANTVILLE NJ</b>	6.4 CITY-ST-ZIP	

700001829957  
-05/20/96-01059-026  
\*\*\*200.00

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: *Randall E. Dyen* -RANDALL E. DYEN, SECRETARY 4/16/96 (215) 625-4293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Office Phone # \_\_\_\_\_

CR2E034 (12/95)

*Randall E. Dyen*