

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19106-3703
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3. Date incorporated or Qualified 09/21/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2455 Corporate West Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 23-2182777	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Lisle, Illinois	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 60532	25 Country U.S.A.	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, EILEEN S
2801 WESTHALL LANE
MAITLAND FL 32751

81 Name Elizabeth Bowden
82 Street Address (P.O. Box Number is Not Acceptable) 2601 Westhall Lane
83
84 City Maitland
85 Zip Code FL 32751

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 *Elizabeth Bowden* **Elizabeth Bowden** **4/9/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	FARNAM, WALTER EDWARD 300 SLEEPY HOLLOW DR. NEWTOWN SQUARE PA	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVC	DYEN, RANDALL E 436 WALNUT ST. PHILADELPHIA PA 19105	1.2 NAME	
TITLE D	DOWD, JOSEPH RICHARD, JR 2551 CHESHIRE DR. AUROROA IL	1.3 STREET ADDRESS	
TITLE ACS	HOHN, LINDA C 436 WALNUT ST. PHILADELPHIA PA 19105	1.4 CITY - ST - ZIP	
TITLE P	COYNE, FRANCIS JOSEPH 102 VICTORIA CT. DOWNINGTOWN PA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	MC LOONE, MICHAEL EUGENE 17 EAST CHESTNUT AVE. MERCHANTVILLE NJ	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
		3.2 NAME	Pinson, III, M. Frank
		3.3 STREET ADDRESS	2455 Corporate West Drive
		3.4 CITY - ST - ZIP	Lisle, IL 60532-1109
		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 do 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, changed, or on an attachment with an address.

SIGNATURE: *Randall E. Dyer* **4/14/97** (215) 625-4293

CR2E034 (9/96)