

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

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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90187 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P40558**

1. Corporation Name  
**THE POTOMAC INSURANCE COMPANY OF ILLINOIS**



Principal Place of Business: 2455 CORPORATE WEST DRIVE LISLE IL 60532 US  
 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	
21 [ ] Suite, Apt. #, etc.		26 One Beacon Street		09/21/1992	
22 [ ] City & State		27 [ ] Suite, Apt. #, etc.		4. FEI Number	
23 [ ] Zip [ ] Country		28 Boston, MA		23-2182777	
24 [ ] Zip [ ] Country		29 02108 [ ] Country		5. Certificate of Status Desired [ ] Applied For	
				8.75 Additional Fee Required	
				6. Election Campaign Financing [ ] \$5.00 May Be Added to Fees	
				Trust Fund Contribution [ ]	
				8. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOWDEN, ELIZABETH 2601 WESTHALL LANE MATLAND FL 32751				81 Name FLORIDA INSURANCE COMMISSIONER			
				82 Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BUILDING			
				83 [ ]			
				84 City TALLAHASSEE		85 Zip Code FL 32301	

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNAM, WALTER EDWARD		1.2 NAME	SMITH, DENNIS R.	
STREET ADDRESS	436 WALNUT STREET		1.3 STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	PHILADELPHIA PA 19106		1.4 CITY-ST-ZIP	BOSTON MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYEN, RANDALL E		2.2 NAME	GOWDY, ROBERT C.	
STREET ADDRESS	436 WALNUT ST.		2.3 STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	PHILADELPHIA PA 19105		2.4 CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHWICK, NANCY K		3.2 NAME	WEBER, JOHN A.	
STREET ADDRESS	2455 CORPORATE WEST DRIVE		3.3 STREET ADDRESS	ONE BEACON STREET	
CITY-ST-ZIP	LISLE IL 60532		3.4 CITY-ST-ZIP	BOSTON MA	
TITLE	ACS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHN, LINDA C		4.2 NAME	PERLMAN, ROBERT S.	
STREET ADDRESS	436 WALNUT ST.		4.3 STREET ADDRESS	ONE BEACON ST	
CITY-ST-ZIP	PHILADELPHIA PA 19105		4.4 CITY-ST-ZIP	BOSTON MA	
TITLE	P	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, FRANCIS JOSEPH		5.2 NAME		
STREET ADDRESS	102 VICTORIA CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DOWNINGTOWN PA		5.4 CITY-ST-ZIP		
TITLE	DVT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUGHTON, JOHN J		6.2 NAME		
STREET ADDRESS	436 WALNUT STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19106		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)(l), 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 or like empowered.

SIGNATURE: *Dennis R. Smith* DENNIS R. SMITH 03/04/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)