

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90009 014 \*\*\*150.00

**DOCUMENT # P40558**

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



Principal Place of Business  
**2455 CORPORATE WEST DRIVE  
 LISLE, IL 60532 US**

Mailing Address  
**ONE BEACON STREET  
 BOSTON, MA 02108**

**94039691**



2. Principal Place of Business  
**7270 College Drive**  
 Suite, Apt. #, etc.  
**Suite 201**

3. Mailing Address  
 Suite, Apt. #, etc.

02022004 Chg-P CR2E034 (10/03)

City & State  
**Palos Heights, IL**

City & State

4. FEI Number  
**23-2182777**

Applied For  
 Not Applicable

Zip  
**60463**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER  
 P O BOX 6200 (32314-6200)  
 200 E. GAINES ST  
 TALLAHASSEE, FL 32399-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  Delete  
 NAME SMITH, DENNIS R  
 STREET ADDRESS ONE BEACON STREET  
 CITY-ST-ZIP BOSTON, MA

TITLE D  Change  Addition  
 NAME Chokel, Charles B.  
 STREET ADDRESS One Beacon St.  
 CITY-ST-ZIP Boston, MA 02108

TITLE PD  Delete  
 NAME CAVOORES, JOHN P  
 STREET ADDRESS ONE BEACON STREET  
 CITY-ST-ZIP BOSTON, MA

TITLE VD  Change  Addition  
 NAME Howard, Richard P  
 STREET ADDRESS One Beacon St.  
 CITY-ST-ZIP Boston, MA 02108

TITLE DVP  Delete  
 NAME RITCHIE, JAMES J  
 STREET ADDRESS 1 BEACON STREET  
 CITY-ST-ZIP BOSTON, MA 02108

TITLE VD  Change  Addition  
 NAME Singer, Roger M.  
 STREET ADDRESS One Beacon Street  
 CITY-ST-ZIP Boston, MA 02108

TITLE AT  Delete  
 NAME APPLEBY, ROBERTA  
 STREET ADDRESS ONE BEACON STREET  
 CITY-ST-ZIP BOSTON, MA

TITLE AT  Change  Addition  
 NAME Appleby, Roberta  
 STREET ADDRESS 7270 College Drive  
 CITY-ST-ZIP Palos Heights, IL 60463

TITLE D  Delete  
 NAME HODGES, JANET E  
 STREET ADDRESS 2455 CORPORATE WEST DR  
 CITY-ST-ZIP LISLE, IL

TITLE D  Change  Addition  
 NAME Hodges, Janet E  
 STREET ADDRESS 14567 North Outer 40 Road  
 CITY-ST-ZIP St. Louis, MO 02035

TITLE D  Delete  
 NAME SOLOMO, ANNIE  
 STREET ADDRESS 2455 CORPORATE WEST DR  
 CITY-ST-ZIP LISLE, IL

TITLE D  Change  Addition  
 NAME Solomon, Annie  
 STREET ADDRESS 7270 College Drive  
 CITY-ST-ZIP Palos Heights, IL 60463

12. I 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 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:

*Dennis R. Smith*

Dennis R. Smith

1/30/04

617-725-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

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P40558  
Officers/Directors List

VD  
Schmitt, Thomas N.  
One Beacon Street  
Boston, MA 02108

T  
Winn, Gregory P.  
One Beacon Street  
Boston, MA 02108