

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90083 049 ***158.75

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2182777**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DENNIS R ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVOORES, JOHN P ONE BEACON STREET BOSTON MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, COVOORES 1 BEACON STREET BOSTON MA 02108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PERLMAN, ROBERT S ONE BEACON STREET BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALEY, STEPHEN C 2455 CORPORATE WEST DR LISLE IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTIGLIANO, DANIEL J 2455 CORPORATE WEST DR LISLE IL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chair, Chief Admin officer Chotel, Charles B One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Pres, Co Cavoores, John P. One Beacon St, Boston, MA 02108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP Ritchie, James J. One Beacon St, Boston, MA 02108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Appleby, Roberta A. 7270 College Dr, Palas Heights, IL 60463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hodges, Janet E. 14567 N. Outer, Charterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Soloman, Annie 7270 College Dr, Palas Heights, IL 60463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **REQUIRED** **Dennis R. Smith** **617-725-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90062651
P40558

Potomac Insurance Company of Illinois

Officers / Directors List

Roberta A. Applyby
Director

7270 College Drive, Palos Heights, IL 60463

John P. Cavoores

President, Chief Operating Officer and Director
One Beacon St., Boston, MA 02108

~~Charles B. Chokel~~

Chairman, Chief Administrative Officer and Director
One Beacon St., Boston, MA 02108

Richard C. Hirtle

Treasurer

One Beacon St., Boston, MA 02108

Janet E. Hodges

Director

14567 N. Outer 40, Ste. 475, Chesterfield, MO 63017

Richard P. Howard

Sr. VP and Director

370 Church St., Guilford, CT 06437

James J. Ritchie

Sr. VP and Director

One Beacon St., Boston, MA 02108

Roger M. Singer

Sr. VP and Director

One Beacon St., Boston, MA 02108

Dennis R. Smith

Secretary

One Beacon St., Boston, MA 02108

Annie Solomon

Director

7270 College Drive, Palos Heights, IL 60463