

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

**FILED**

**Feb 27 1998 8:00am**  
**Secretary of State**

PROF. CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 805733 (3)**  
 1. Corporation Name  
**BITUMINOUS FIRE AND MARINE INSURANCE COMPANY**



Principal Place of Business <b>C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND IL 61201</b>	Mailing Address <b>C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND IL 61201</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>02/28/1944</b>
<b>4.</b> FEI Number <b>36-6054328</b>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**NORTON INSURANCE OF FLORIDA  
 2 EGLIN PARKWAY NORTH EAST  
 SUITE 33  
 FORT WALTON BEACH FL 32549**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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**

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LARDNER, PETER</b>	
STREET ADDRESS	<b>320-18TH STREET</b>	
CITY-ST-ZIP	<b>ROCK ISLAND, IL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SUNDQUIST, JAMES W</b>	
STREET ADDRESS	<b>320-18TH STREET</b>	
CITY-ST-ZIP	<b>ROCK ISLAND, IL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ATOR, ROBERT G</b>	
STREET ADDRESS	<b>320-18TH STREET</b>	
CITY-ST-ZIP	<b>ROCK ISLAND, IL 00000</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>RAINEY, ROBERT</b>	
STREET ADDRESS	<b>320 18TH STREET</b>	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTRY, JAMES</b>	
STREET ADDRESS	<b>320-18TH STREET</b>	
CITY-ST-ZIP	<b>ROCK ISLAND, IL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SNODGRASS, WILLIAM A</b>	
STREET ADDRESS	<b>320 - 18TH ST</b>	
CITY-ST-ZIP	<b>ROCK ISLAND IL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	<b>ROCK ISLAND, IL 61201</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	<b>ROCK ISLAND IL 61201</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	<b>ROCK ISLAND IL 61201</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	<b>ROCK ISLAND IL 61201</b>
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	<b>ROCK ISLAND IL 61201</b>
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	<b>ROCK ISLAND IL 61201</b>

**14.** 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 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: *Robert Rainey* 2/17/98

CR2E034 (10/97)