

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90136 012 ***150.00

REGISTRATION UNIT

DOCUMENT # 805733
 1. Entity Name
BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

Principal Place of Business Mailing Address
C/O ROBERT RAINEY **C/O ROBERT RAINEY**
320 18TH ST **320 18TH ST**
ROCK ISLAND IL 61201 **ROCK ISLAND IL 61201**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **36-6054328** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LARDNER, PETER	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORGENSON, MARK	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	P	<input type="checkbox"/> Delete
NAME	ATOR, ROBERT G	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RAINEY, ROBERT	
STREET ADDRESS	320 18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORACK, BRUCE	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATOR, Robert G.	
STREET ADDRESS	320 18th Street	
CITY-ST-ZIP	Rock Island, IL 61201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert Rainey**
 Date: **2-20-02** Daytime Phone #: **309-732-0409**

CR2E034 (9/01)