


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

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



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

Mailing Address: **C/O ROBERT RAINEY  
320 18TH ST  
ROCK ISLAND, IL 61201**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: **36-6054328** Applied For:  Not Applicable:

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

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

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IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ATOR, ROBERT G
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	JORGENSON, MARK
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	P
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	VT
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	V
NAME	HORACK, BRUCE
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 61201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/05-80003-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert D. Rainey, Sr. Vice President/Treasurer Date: 2-18-05 Daytime Phone #: 309-732-0409