


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 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



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-6054328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUTY, JOYCE
 3325 B THOMASVILLE RD
 TALLAHASSEE, FL 32308

DO NOT WRITE 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 _____ 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, 2007 Fee will be \$550.00

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

U00000649369
 03/07/07-80046-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ATOR, ROBERT G 320 18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORGENSEN, MARK 320-18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATOR, ROBERT G 320-18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RAINEY, ROBERT 320 18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORACK, BRUCE 320-18TH STREET ROCK ISLAND, IL 61201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: Robert D. Rainey Date: 2-20-07 309-733-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Robert D. Rainey, SR Vice President & Treasurer