

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805733

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

**Current Principal Place of Business:**

C/O ROBERT RAINEY  
320 18TH ST  
ROCK ISLAND, IL 61201

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT RAINEY  
320 18TH ST  
ROCK ISLAND, IL 61201

**New Mailing Address:**

**FEI Number:** 36-6054328      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUTY, JOYCE  
3325 B THOMASVILLE RD  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C  
Name: ATOR, ROBERT G  
Address: 320 18TH STREET  
City-St-Zip: ROCK ISLAND, IL 61201

Title: V  
Name: JORGENSON, MARK  
Address: 320-18TH STREET  
City-St-Zip: ROCK ISLAND, IL 61201

Title: P  
Name: ATOR, ROBERT G  
Address: 320-18TH STREET  
City-St-Zip: ROCK ISLAND, IL 61201

Title: VT  
Name: RAINEY, ROBERT  
Address: 320 18TH STREET  
City-St-Zip: ROCK ISLAND, IL 61201

Title: V  
Name: HORACK, BRUCE  
Address: 320-18TH STREET  
City-St-Zip: ROCK ISLAND, IL 61201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RAINEY

VT

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date