#### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT #804819** 1. Entity Name **BITUMINOUS CASUALTY CORPORATION** 

3/

Principal Place of Business C/O ROBERT RAINEY

- 1. t

320 18TH STREET ROCK ISLAND, IL 61201 Mailing Address

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

# **FILED** Mar 24, 2006 8:00 am Secretary of State

03-09-2006 90167 005 \*\*\*150 00

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### DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

36-0810360

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B 7 nomasville Rd 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

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

irie doxga	alions of registered agent.					
SIGNATURE Signature: typed or printed name of registered agent and site if applicable (NOTE, Registered Agent agreeture required when reintestarry).						
	LE NOWIII FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	Election Campaig:     Trust Fund Contrib		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			1			
TITLE	C					
NAME	ATOR, ROBERT G					
	1					

STREET ADDRESS 320-18TH ST CITY-ST-ZIP ROCK ISLAND, IL 61201 RAINEY, ROBERT NALE STREET ADDRESS 320 18TH STREET CITY-ST-ZIP ROCK ISLAND, IL 61201 TITLE ATOR, ROBERT G NAME 320-18TH ST. STREET ADDRESS CITY-SI-ZIP ROCK ISLAND, IL 61201 TITLE HORACK, BRUCE NAME STREET ADDRESS 320-18TH ST. CITY-ST-ZIP ROCK ISLAND, IL 61201 TITLE NAME JORGENSON, MARK S STREET ADDRESS 320-18TH ST. ROCK ISLAND, IL 61201 CITY-ST-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect that it is 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 price like empowered.

VicePresident & Treasurer



# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2006

BITUMINOUS CASUALTY CORPORATION C/O ROBERT RAINEY 320 18TH STREET ROCK ISLAND, IL 61201

Subject: BITUMINOUS CASUALTY CORPORATION

Reference Number:

804819

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

3-20-06

Please we wattached with correcting registered agent to a Florida

Street address

Thank you — Sue adams

P.O. BOX 6327 - Tallahassee, Florida 32314



ATTACHMENT + 6006967 + 804819

320 - 18th Street Rock Island, IL 61201 309 788 5401 800 475 4477 FAX 309 786 3847 www.bituminousinsurance.com

February 20, 2006

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

Enclosed please find our Uniform Business Report and fee for \$150.00, ck # $\frac{33}{884}$ .

**BITUMINOUS CASUALTY CORPORATION** 

Robert D. Rainey

Robert O Pairey

Sr. Vice President & Treasurer

RDR/bh/4LTRFL2

Enc.