

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Feb 26, 2008 08:00 A
Secretary of State



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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

U000000838918
03/06/08-80028-005 150.00

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-08 309-732-0409