

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:59

DOCUMENT # 805733 (3)
1. Corporation Name
BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND IL 61201 | C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND IL 61201 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/28/1944 | 3a. Date of Last Report 03/14/1994 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 29 | 30 |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 36-6054328 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

| | | |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

| | | |
|---|------------------------------|--|
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTON INSURANCE OF FLORIDA
2 EGLIN PARKWAY NORTH EAST
SUITE 33
FORT WALTON BEACH FL 32549**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|------------------------------|
| TITLE | PD |
| NAME | LARDNER, PETER |
| STREET ADDRESS | 320-18TH STREET |
| CITY-ST-ZIP | ROCK ISLAND, IL 00000 |
| TITLE | V |
| NAME | SUNDQUIST, JAMES W |
| STREET ADDRESS | 320-18TH STREET |
| CITY-ST-ZIP | ROCK ISLAND, IL 00000 |
| TITLE | V |
| NAME | ATOR, ROBERT G |
| STREET ADDRESS | 320-18TH STREET |
| CITY-ST-ZIP | ROCK ISLAND, IL 00000 |
| TITLE | VT |
| NAME | RAINEY, ROBERT |
| STREET ADDRESS | 320 18TH STREET |
| CITY-ST-ZIP | ROCK ISLAND IL |
| TITLE | SV |
| NAME | CAFFERTY, SAM |
| STREET ADDRESS | 320-18TH STREET |
| CITY-ST-ZIP | ROCK ISLAND, IL 00000 |
| TITLE | V |
| NAME | SNODGRASS, WILLIAM A |
| STREET ADDRESS | 320 - 18TH ST |
| CITY-ST-ZIP | ROCK ISLAND IL |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | JAMES SANTRY |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Rainey

Robert Rainey

3-1-95

(309) 786-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #