


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 805733**  
1. Entity Name  
**BITUMINOUS FIRE AND MARINE INSURANCE COMPANY**



Principal Place of Business <b>C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND, IL 61201</b>	Mailing Address <b>C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND, IL 61201</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

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

**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, 2004 Fee will be \$550.00**

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

U00000064432  
02/24/04-80012-007 150.00

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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Robert D. Rainey Sr. Date: 2/20/04 Daytime Phone #: 309-732-0409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert D. Rainey Sr. Vice**