

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



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	

U00000839918
 03/06/08-80028-005 150.00

DO NOT WRITE 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

Robert Rainey

Date

Daytime Phone #

2-20-08 309-732-0409