

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **02/28/1944** 3a. Date of Last Report **03/10/1995**
4. FEI Number **36-6054328** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**NORTON INSURANCE OF FLORIDA
2 EGLIN PARKWAY NORTH EAST
SUITE 33
FORT WALTON BEACH FL 32549**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE _____
(Signature type for principal of registered agent and that applicant) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	--PD-- <input type="checkbox"/> DELETE
NAME	LARDNER, PETER
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	SUNDQUIST, JAMES W
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 00000
TITLE	VT <input type="checkbox"/> DELETE
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	-V- <input type="checkbox"/> DELETE
NAME	SANTRY, JAMES
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND, IL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	SNODGRASS, WILLIAM A
STREET ADDRESS	320 - 18TH ST
CITY-ST-ZIP	ROCK ISLAND IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C <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	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 D Rainey* **1-29-96(309)786-5401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone:

CR2E034 (12/95)