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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: C/O ROBERT RAINEY, 320 18TH ST, ROCK ISLAND IL 61201
Mailing Address: C/O ROBERT RAINEY, 320 18TH ST, ROCK ISLAND IL 61201-8716

3. Date Incorporated or Qualified: 02/28/1944
3a. Date of Last Report: 02/05/1996
4. FEI Number: 36-6054328
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<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	P	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	ROCK ISLAND, IL 61201

14. I do 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 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 DATE: 2-19-97 / 309 786 5401

CR2E034 (9/96)