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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 805733

1. Corporation Name
BITUMINOUS FIRE AND MARINE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/28/1944
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 61201	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUNDQUIST, JAMES W	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND, IL 00000 61201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ATOR, ROBERT G	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND, IL 00000 61201	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RAINEY, ROBERT	
STREET ADDRESS	320 18TH STREET	
CITY-ST-ZIP	ROCK ISLAND IL 61201	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SANTRY, JAMES	
STREET ADDRESS	320-18TH STREET	
CITY-ST-ZIP	ROCK ISLAND, IL 00000 61201	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SNODGRASS, WILLIAM A	
STREET ADDRESS	320 - 18TH ST	
CITY-ST-ZIP	ROCK ISLAND IL 61201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	Mark Jorgenson
2.3 STREET ADDRESS	320 18th St.
2.4 CITY-ST-ZIP	Rock Island, IL 61201
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
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 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 checked="" type="checkbox"/> Addition
6.2 NAME	Bruce Horack
6.3 STREET ADDRESS	320 18th St
6.4 CITY-ST-ZIP	Rock Island, IL 61201

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 2/19/99. 309 7865401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)