

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805733

1. Entity Name
BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90059 028 ***150.00

Principal Place of Business	Mailing Address
C/O ROBERT RAINEY 320 18TH ST ISLAND IL 61201	C/O ROBERT RAINEY 320 18TH ST ROCK ISLAND IL 61201-8716

34
81

018273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

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

7. Name and Address of New Registered Agent

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

11. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	LARDNER, PETER
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL 61201
TITLE	V <input type="checkbox"/> Delete
NAME	JORGENSEN, MARK
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL 61201
TITLE	P <input type="checkbox"/> Delete
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL 61201
TITLE	VT <input type="checkbox"/> Delete
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL 61201
TITLE	V <input type="checkbox"/> Delete
NAME	HORACK, BRUCE
STREET ADDRESS	320-18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL 61201
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Rainey* **2-18-2000** (309) 732-0409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert D. Rainey, Sr Vice President & Treasurer** Date: Daytime Phone #