

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004636

FILED
Mar 25, 2009
Secretary of State

Entity Name: IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

4620 I-49 N SRVS. RD
OPELOUSAS, LA 70570

New Principal Place of Business:

4670 I-49 N SERVICE RD
OPELOUSAS, LA 70570

Current Mailing Address:

P.O. BOX 753
OPELOUSAS, LA 705710753

New Mailing Address:

FEI Number: 72-1171736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEARY, JOSEPH W
224 DATURA STREET, #1418
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BRIGNAC, J.E. JR
Address: P.O. BOX 753
City-St-Zip: OPELOUSAS, LA 705710753

Title: DCEO () Delete
Name: CARTER, H. MARCUS JR
Address: P.O. BOX 753
City-St-Zip: OPELOUSAS, LA 705710753

Title: V () Delete
Name: PITRE, SCOTT A
Address: P.O. BOX 753
City-St-Zip: OPELOUSAS, LA 705710753

Title: ST () Delete
Name: BOUDREAU, DIRK
Address: P.O. BOX 753
City-St-Zip: OPELOUSAS, LA 705710753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. PITRE

VP

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date