

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004636

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

4670 I-49 N SERVICE RD  
OPELOUSAS, LA 70570

**New Principal Place of Business:**

**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 (X)**

**Name and Address of Current Registered Agent:**

MCLEARY, JOSEPH W  
224 DATURA STREET  
#908  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

CUADRA, ENRIQUE A  
6161 BLUE LAGOON DRIVE  
300  
MIAMI, FL 33126 US

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: ENRIQUE CUADRA

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: ST  
Name: BOUDREAUX, DIRK  
Address: P.O. BOX 753  
City-St-Zip: OPELOUSAS, LA 705710753

I hereby 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 all other like empowered.

SIGNATURE: SCOTT A. PITRE

V

02/15/2011

Electronic Signature of Signing Officer or Director

Date