

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004636

**Entity Name:** IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**4670 I-49 N SERVICE RD  
OPELOUSAS, LA 70570**Current Mailing Address:**PO BOX 3199  
WINSTON-SALEM, NC 27102 US**FEI Number: 72-1171736****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHIEF ACCOUNTING OFFICER  
Name BOLAR, DONALD J  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR  
Name BRIGNAC, JOHN E JR.  
Address 4670 I-49 N. SERVICE ROAD  
City-State-Zip: OPELOUSA LA 70570

Title DIRECTOR  
Name DECARLO, DONALD  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title TREASURER, DIRECTOR, PRESIDENT  
Name RENDALL, PETER  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, CFO  
Name WEINER, MICHAEL  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, SECRETARY  
Name WEISSMANN, JEFFREY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name WOOLEY, ROBERT  
Address 4670 I-49 N. SERVICE ROAD  
City-State-Zip: OPELOUSAS LA 70570

*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: DONALD J BOLAR****CHIEF ACCOUNTING  
OFFICER****04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date