## Entity Name: IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

5630 UNIVERSITY PARKWAY WINSTON-SALEM, NC 27105

DOCUMENT# F0500004636

#### **Current Mailing Address:**

PO BOX 3199 WINSTON-SALEM, NC 27102 US

### FEI Number: 72-1171736

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

CHIEF FINANCIAL OFFICER 200 EAST GAINES STREET TALLAHASSEE, FL 32399 US 0383324855CC

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	CHIEF ACCOUNTING OFFICER	Title	COO
Name	BOLAR, DONALD J	Name	RENDALL, PETER
Address	5630 UNIVERSITY PARKWAY	Address	59 MAIDEN LANE
City-State-Zip:	WINSTON-SALEM NC 27105	City-State-Zip:	NEW YORK NY 10038
		<b>T</b> '4	
Title	DIRECTOR, CFO, TREASURER	Title	DIRECTOR, SECRETARY
Name	WEINER, MICHAEL	Name	WEISSMANN, JEFFREY
Address	59 MAIDEN LANE	Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038	City-State-Zip:	NEW YORK NY 10038
Title	PRESIDENT, DIRECTOR	Title	SVP, TAX
Name	KARFUNKEL, BARRY	Name	GOLDSTEIN, MICHAEL
Address	59 MAIDEN LANE	Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038	City-State-Zip:	NEW YORK NY 10038

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

06/11/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jun 11, 2020 Secretary of State