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(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperial Fire and Casualty Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott A. Pitre
(Name of Person)

Imperial Fire and Casualty Insurance Company
(Firm/Company)

P.O. Box 753
(Address)

Opelousas, Louisiana 70571-0753
(City/State and Zip code)

For further information concerning this matter, please call:

Scott A. Pitre at (337) 942-0249
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Imperial Fire and Casualty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Louisiana 3. 72-1171736
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 22, 1988 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 304 W. Landry Street, Opelousas, Louisiana 70570
(Principal office address)

P.O. Box 753, Opelousas, Louisiana 70571-0753
(Current mailing address)
8. Insurance Comany
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

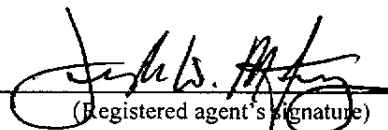
Name: Joseph W. McLeary

Office Address: 224 Datura Street, #1418

West Palm Beach, Florida 33401
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: J.E. Brignac, Jr.

Address: P.O. Box 753

Opelousas, Louisiana 70571-0753

Vice Chairman: _____

Address: _____

Director: H. Marcus Carter, Jr.

Address: P.O. Box 753

Opelousas, Louisiana 70571-0753

Director: _____

Address: _____

B. OFFICERS

President: H. Marcus Carter, Jr.

Address: P.O. Box 753

Opelousas, Louisiana 70571-0753

Vice President: Scott A. Pitre

Address: P.O. Box 753

Opelousas, Louisiana 70571-0753

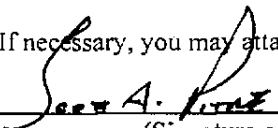
Secretary: Dirk Boudreaux

Address: P.O. Box 753, Opelousas, Louisiana 70571-0753

Treasurer: Dirk Boudreaux

Address: P.O. Box 753, Opelousas, Louisiana 70571-0753

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Scott A. Pitre, Regulatory
(Typed or printed name and capacity of person signing application)



J. ROBERT WOOLEY

COMMISSIONER OF INSURANCE

I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO
HEREBY CERTIFY THAT

Imperial Fire & Casualty Insurance Company

NAIC Number 44369

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Health & Accident, Vehicle, Liability, Workmen's Compensation, Burglary & Forgery, Glass, Fidelity & Surety, Fire & Extended Coverage, Steam Boiler & Sprinkler Leakage, Crop & Livestock, Marine and Transportation, Credit Property & Casualty and Miscellaneous in this State. I further certify that the said Imperial Fire & Casualty Insurance Company is possessed of admitted assets in the amount of \$49,840,501 dollars, and has a paid-in capital of \$1,000,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least \$18,741,755, as shown by its annual statement submitted to this Department as of December 31, 20 04

Given Under my signature, authenticated with the impress of my

Seal of office, at the City of Baton Rouge, this, 29th

day of July A.D. 2005

J. Robert Wooley
Commissioner of Insurance