

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90083 027 \*\*\*150.00

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F05000004636</b>                                        |  |
| 1. Entity Name<br><b>IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY</b> |                                                                                   |

|                                                                                    |                                                                     |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>304 W. LANDRY STREET<br/>OPELOUSAS, LA 70570</b> | Mailing Address<br><b>P.O. BOX 753<br/>OPELOUSAS, LA 70571-0753</b> |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                 |                                           |
|---------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>4670 I-49 N Service Rd</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------------|-------------------------------------------|

|                                      |                       |
|--------------------------------------|-----------------------|
| City & State<br><b>Opelousas, LA</b> | City & State          |
| Zip<br><b>70570</b>                  | Country<br><b>USA</b> |

|                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>MCLEARY, JOSEPH W<br/>224 DATURA STREET, #1418<br/>WEST PALM BEACH, FL 33401</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|

**40008348**



01042008 Chg-P CR2E034 (12/06)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>72-1171736</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City<br><b>FL</b>                                  | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>BRIGNAC, J.E. JR<br/>P.O. BOX 753<br/>OPELOUSAS, LA 705710753</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>CARTER, H. MARCUS JR<br/>P.O. BOX 753<br/>OPELOUSAS, LA 705710753</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PITRE, SCOTT A<br/>P.O. BOX 753<br/>OPELOUSAS, LA 705710753</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>BOUDREAUX, DIRK<br/>P.O. BOX 753<br/>OPELOUSAS, LA 705710753</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Scott A. Pitre **Scott A. Pitre** **January 14, 2008 (337) 942-5691**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OFFICER'S PHONE #

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT #F05000004636

Entity Name

IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

ATTACHMENT

40008348  
#F05000004636

Complete listing of Officers and Directors

S/T

BOUDREAUX, DIRK  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

C

BRIGNAC, J. E., JR.  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

D

BRIGNAC, REMI  
3636 S. SHERWOOD FOREST BLVD.  
SUITE 660  
BATON ROUGE, LA 70816

V

BUNOL, NOEL, IV  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

D/CEO

CARTER, H. MARCUS, JR.  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

V

COOPER, PHYLLIS  
P.O. BOX 71235  
BOSSIER CITY, LA 71171

V

GRUMBLES, CLINTON  
P.O. BOX 702507  
DALLAS, TX 75370

V

GUY, BOYD  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

P

HARRISON, PAUL  
P.O. BOX 702507  
DALLAS, TX 75370

D

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

D

STEPHEN NELSON  
775 RIDGE LAKE BLVD.  
SUITE 100  
MEMPHIS, TN 38120

D

ZANONE, PHILIP  
5872 RIDGE BEND RD.  
MEMPHIS, TN 38120

V

PITRE, SCOTT A.  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753

V

THIBDEAUX, NANCY  
P.O. BOX 753  
OPELOUSAS, LA 70571-0753