

FD5D000004636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Imperial Fire and Casualty Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F05000004636

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott A. Pitre  
Name of Contact Person

Imperial Fire and Casualty Insurance Company  
Firm/Company

4670 I-49 North Service Road  
Address

Opelousas, Louisiana 70570  
City/State and Zip Code

scott.pitre@imperialfire.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Pitre at ( 337 ) 942-5691; Ext. 2249  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** /  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Louisiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Imperial Fire and Casualty Insurance Company
2. The principal office address: 4670 I-49 North Service Road  
Opelousas, Louisiana 70570
3. The mailing address (if different): P.O. Box 753  
Opelousas, Louisiana 70571-0753
4. Date of incorporation/qualification: 02/22/1988 Document number: F05000004636
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


Joseph W. McLeary  
224 Datura Street, #908  
West Palm Beach, Florida 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Enrique A. Cuadra  
6161 Blue Lagoon Drive, Suite 300  
P.O. Box NOT acceptable  
Miami, Florida 33126

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Dirk Boudreaux  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

December 9, 2010  
Date

If signing on behalf of an entity:

Enrique A. Cuadra  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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SECRETARY OF STATE  
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Mailed 04/15/2011