

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004636

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

4670 I-49 N SERVICE RD  
OPELOUSAS, LA 70570

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 753  
OPELOUSAS, LA 705710753

**New Mailing Address:**

**FEI Number:** 72-1171736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUADRA, ENRIQUE A  
6161 BLUE LAGOON DRIVE  
300  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** DCEO  
**Name:** CARTER, H. MARCUS JR  
**Address:** P.O. BOX 753  
**City-St-Zip:** OPELOUSAS, LA 705710753

**Title:** V  
**Name:** PITRE, SCOTT A  
**Address:** P.O. BOX 753  
**City-St-Zip:** OPELOUSAS, LA 705710753

**Title:** ST  
**Name:** BOUDREAUX, DIRK  
**Address:** P.O. BOX 753  
**City-St-Zip:** OPELOUSAS, LA 705710753

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:** SCOTT A. PITRE

VP

03/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date