

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90327 026 ***150.00

DOCUMENT # F95000004369

1. Entity Name
IMPERIAL PREMIUM FUNDING, INC.



Principal Place of Business
**NORTH PARK TOWN CENTER, BUILDING 600
1200 ABERNATHY ROAD, SUITE 500
ATLANTA, GA 30328 US**

Mailing Address
**70 PINE STREET
30TH FLOOR
NEW YORK, NY 10270 US**

24046825



04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-2196307

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VITKAUSKAS, GERALD V ☐ Delete
STREET ADDRESS 160 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LATZ, RONALD A
STREET ADDRESS 175 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE Director ☐ Change ☒ Addition
NAME Michael D. Vogen
STREET ADDRESS 160 Water Street
CITY-ST-ZIP New York, NY 10038

TITLE T ☐ Delete
NAME BENSINGER, STEVEN J
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, NY 10270

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME TUCK, ELIZABETH M
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, NY 10270

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME VOGEN, MICHAEL D
STREET ADDRESS 160 WATER STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COB ☐ Delete
NAME MATHEWS, EDWARD
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Vogen, Exec. VP, CFO & Director 4/16/04

Date

Daytime Phone #