

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90251 005 ***150.00

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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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 101 Hudson Street Suite, Apt. #, etc. 33rd and 34th Floors			
City & State		City & State Jersey City, New Jersey		4. FEI Number 58-2196307	
Zip Country		Zip 07302		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE, FL 32399-0300			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITKAUSKAS, GERALD V 160 WATER STREET NEW YORK, NY 10038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Gerald V. Vitkauskas 101 Hudson Street Jersey City, NJ 07302
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D VOGEN, MICHAEL D 160 WATER STREET NEW YORK, NY 10038		<input type="checkbox"/> Delete		Director Michael D. Vogen 101 Hudson Street Jersey City, NJ 07302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
T BENSINGER, STEVEN J 70 PINE STREET NEW YORK, NY 10270		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
V VOGEN, MICHAEL D 160 WATER STREET NEW YORK, NY 10038		<input type="checkbox"/> Delete		Vice President Michael D. Vogen 101 Hudson Street Jersey City, NJ 07302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
COB MATHEWS, EDWARD 70 PINE STREET NEW YORK, NY 10038		<input checked="" type="checkbox"/> Delete		TITLE 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: Michael D. Vogen, Exec. VP, CFO/Director					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	