

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004369

FILED
Apr 20, 2007
Secretary of State

Entity Name: IMPERIAL PREMIUM FUNDING, INC.

Current Principal Place of Business:

NORTH PARK TOWN CENTER, BUILDING 600
1200 ABERNATHY ROAD, SUITE 500
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

101 HUDSON STREET
33RD & 34TH FLOORS
JERSEY CITY, NJ 07302 US

New Mailing Address:

FEI Number: 58-2196307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 323990300 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VITKAUSKAS, GERALD V
Address: 101 HUDSON STREET
City-St-Zip: JERSEY CITY, NJ 07302

Title: D () Delete
Name: VOGEN, MICHAEL D
Address: 101 HUDSON STREET
City-St-Zip: JERSEY CITY, NJ 07302

Title: T () Delete
Name: VOGEN, MICHAEL D
Address: 101 HUDSON ST
City-St-Zip: JERSEY CITY, NJ 07302

Title: S () Delete
Name: TUCK, ELIZABETH M
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

Title: V () Delete
Name: VOGEN, MICHAEL D
Address: 101 HUDSON STREET
City-St-Zip: JERSEY CITY, NJ 07302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. VOGEN

D

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date