

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004636

Entity Name: IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**15151 FLORIDA BLVD
BATON ROUGE, LA 70819**Current Mailing Address:**PO BOX 3199
WINSTON-SALEM, NC 27102 US**FEI Number: 72-1171736****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title CHIEF ACCOUNTING OFFICER
Name BOLAR, DONALD J
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR
Name BRIGNAC, JOHN E JR.
Address 15151 FLORIDA BLVD
City-State-Zip: BATON ROUGE LA 70819

Title DIRECTOR
Name DECARLO, DONALD
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title COO, DIRECTOR, PRESIDENT
Name RENDALL, PETER
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, CFO
Name WEINER, MICHAEL
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR, SECRETARY
Name WEISSMANN, JEFFREY
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name WOOLEY, ROBERT
Address 15151 FLORIDA BLVD
City-State-Zip: BATON ROUGE LA 70819

Title TREASURER
Name ENGEMAN, JOHN
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

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: DONALD J BOLAR**CHIEF ACCOUNTING
OFFICER****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date