

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004636

1. Entity Name
IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY



Principal Place of Business
**304 W. LANDRY STREET
OPELOUSAS, LA 70570**

Mailing Address
**P.O. BOX 753
OPELOUSAS, LA 70571-0753**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1171736	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCLEARY, JOSEPH W
224 DATURA STREET, #1418
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRIGNAC, J.E. JR P.O. BOX 753 OPELOUSAS, LA 705710753
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, H. MARCUS JR P.O. BOX 753 OPELOUSAS, LA 705710753
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITRE, SCOTT A P.O. BOX 753 OPELOUSAS, LA 705710753
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOUDREAU, DIRK P.O. BOX 753 OPELOUSAS, LA 705710753
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**U00000432951
02/23/06-80089-007 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dirk Boudreau **DIRK BOUDREAU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06
Date

357 942 0263
Daytime Phone #