### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004636

Entity Name: IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

**FILED** Apr 26, 2024 **Secretary of State** 8167898938CC

# **Current Principal Place of Business:**

450 W. HANES MILL ROAD, STE 101 WINSTON-SALEM, NC 27105

## **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 VP. CAO Title DIRECTOR, COB, P, COO

BOLAR, DONALD RENDALL, PETER Name Name

450 W. HANES MILL ROAD 450 W. HANES MILL ROAD Address Address City-State-Zip: WINSTON-SALEM NC 27105 WINSTON-SALEM NC 27105 City-State-Zip:

Title SVP Title AS

Name HWANG, CHRISTINA Name JAUHAR, MEGHAN

Address 450 W. HANES MILL ROAD Address 450 W. HANES MILL ROAD WINSTON-SALEM NC 27105 City-State-Zip: City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR Title **DIRECTOR** 

Name KULUK, AARON HANES, DOUGLAS Name

Address 450 W. HANES MILL ROAD 450 W. HANES MILL ROAD Address City-State-Zip: WINSTON-SALEM NC 27105

WINSTON-SALEM NC 27105 City-State-Zip:

Title SVP. T

BAND, ALEXANDRA Name

Address 450 W. HANES MILL ROAD WINSTON-SALEM NC 27105 City-State-Zip:

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.

04/26/2024 SIGNATURE: MEGHAN JAUHAR ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date