## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

F .	IUAL REPORT	Sandra B. Secretary DIVISION OF CO	of State	Secreta	ry of State
	IMENT # 80391 IC MUTUAL INSURANCE			1 MATER HANN ARMAD SINNE LINER HARF HARF	I BYEH BURH BIBN GIBH BYEH BURH HARI
Principal Place of Business 3 GIRALDA FARMS MADISON NJ 07940		Mailing Address 3 GIRALDA FARMS MADISON NJ 07840-1027			
				3. Date Incorporated or Qualified 10/31/1931	3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 13-4934590	Applied For Not Applicable
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ato	City & State		Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip [ <b>24</b> ]	Country 25	Ζφ 29	Country 30	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	r intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent	94 14	10. Name and Address of New R	egistered Agent
INSURANCE COMMISSIONER CAPITOL BLDG.			81 Name		· · · · · · · · · · · · · · · · · · ·
TALLAHASSEE FL 32304			82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)
	_		83		
ł			84 City		85 Zip Code
11. Pursuar	nt to the provisions of Sections 607	0502 and 607.1508. Florida Statute	s, the above-named c	orgonation submits this statement for the	
office or agent 1	reg stered agent, or both, in the S am familiar with, and accept the o	tate of Florida. Such change was au bligations of, Section 607,0505, Flor	thorized by the corpoida Statutes.	orporation submits this statement for the ration's board of directors. I hereby according	apt the appointment as registered
SIGNATURE					
12.	Styrative typical or proceed received registers  OFFICERS	d agent and title if applicable (NOTE: AND DIRECTORS	Registered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	αλ	Change Addition
NAME	DORF, KLAUS G.		1.2 NAME	Dorfi, Klaus G.	,
STEELT ADURESS			1.3 STREET ADDRESS	100 Wall OHELT	~
CHY-SI-7IP	NEW YORK, NY 00000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Jew York, NY 1000'	Change Addition
NAME	HAHN, JOHN W	bree# 4 / B	22 NAME		
STREET ADDRESS	40 141411 89		2 3 STREET ADDRESS	100 Wall street	
CITY - ST - ZIF	NEW YORK, NY 00000		2 4 CITY - ST - ZIP	New York, NY 100	07
TITLE	CD CONTANT REALISTIC	<b>∠</b> DELETE			Change 🔀 Addition
NAME OTEN LABORATOR	GORMAN, KENNETH J. 45 WALL ST		3.2 NAME	omith, Kermit C. 100 Wall Strut	
STREET ADDRÉSS OUTY-ST-ZIP	NEW YORK, NY 00000		3.3 STREET ADDRESS 3.4. City-St-Zip	NIW YORK, NY 1000	M
Tillf	SVP	DELETE	4.1 TITLE	NIW YOLK, NY 1000	Change Addition
NAME	GOLDING, CORNELIUS		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-7IP	MADISON NJ	Tour	4.4 CITY-ST-ZIP	······································	Ober Tarani
TITLE	D CHIMINEC, ROMAN	☐ DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	4.000101.00000		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON, NJ 00000		5.4 City-St-ZiP		
THE	VPTC	☐ DELETE	6.1 TITLE		Change Addition
NAME	BANKS, MICHAEL O		6.2 NAME		
STREET ADDRESS	3 GIRALDA FARMS		6.3 STREET ADDRESS		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

III Roman Chiminec

**FILED** 

May 05 1997 8:00am

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