

Fol 00000 4632

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICM Insurance Company, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Barbara Williams

(Name of Person)

ICM Insurance Company

(Firm/Company)

100 Corporate Dr Suite 101

(Address)

Lebanon, NJ 08833

(City/State and Zip code)

100004456341--8

-07/02/01--01085--007

*****87.50 *****87.50

For further information concerning this matter, please call:

Barbara Williams

(Name of Person)

at (908) 236 0707 ext 13

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2001 AUG 31 PM 4:23

FILED

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 11, 2001

BARBARA WILLIAMS
ICM INSURANCE COMPANY
100 CORPORATE DR SUITE 101
LEBANON, NJ 08833

SUBJECT: ICM INSURANCE COMPANY, INC.
Ref. Number: W01000015891

We have received your document for ICM INSURANCE COMPANY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 701A00040848

FILED
2001 AUG 31 PM 4:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LONDON FISCHER LLP

59 MAIDEN LANE
NEW YORK, NEW YORK 10038

(212) 972-1000

E-MAIL
LAW@LONDONFISCHER.COM

FACSIMILE
(212) 972-1030

August 13, 2001

WRITER'S DIRECT

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Mr. Shawn Logan
Document Specialist

Re: ICM Insurance Company
Ref. Number: W01000015891

Dear Mr. Logan:

We represent ICM Insurance Company f/k/a Baltica-Skandinavia Reinsurance Company of America, Inc. ("ICM"), a New York domiciled insurance company that is qualified to write reinsurance in Florida. Further to your letter, number 701A00040848, dated July 11, 2001, please find enclosed the Application by Foreign Corporation for Authorization to Transact Business in Florida of ICM Insurance Company as corrected to reflect the name listed on the Company's certificate of existence.

With respect to obtaining a certificate of existence from the New York Department of State, please note that we have made a telephone inquiry with the New York Department of State to request a certificate of existence for ICM. The Department of State informed us that insurance companies file all documents relating to organization with the Department of Insurance and are not required to file any papers with the Department of State. As such, the Department of State informed us that generally the Insurance Department and not the Department of State issues certificates of existence for insurance companies. You will note that we have recently submitted a certificate of existence for ICM from the New York Insurance Department.

Additionally, please note a modification to our answer for question 6 of the Application respecting the date ICM first transacted business in Florida. We have recently become aware that ICM reinsured Ormond Re on risks in Florida from approximately 1982. As you may be aware, ICM first qualified to write reinsurance in Florida on December 1, 1981.

2001 AUG 31 PM 4:24
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Attention: Mr. Shawn Logan
August 13, 2001
Page 2

If you should have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

LONDON FISCHER LLP



Elliott M. Kroll

EMK/ss


K:\349\Baltica\corresp\SC\SCInsDept010401.doc

FILED
2001 AUG 31 PM 4:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

①

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ICM Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York 3. 13-3077651
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/01/1981 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 59 Maiden Lane New York, NY 10038
(Principal office address)
100 Corporate Dr Suite 101 Lebanon, NJ 08833
(Current mailing address)
8. Property Casualty Insurance and Reinsurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CT Corporation System
Office Address: 1200 S Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
 , Denise Maestre, Assistant Secretary
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2001 AUG 31 PM 4:24
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: see attached list

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W.K. Lowry

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William K. Lowry, President

(Typed or printed name and capacity of person signing application)

FILED
2001 AUG 31 PM 4:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DIRECTORS OF ICM INSURANCE COMPANY

Barrett Wissman
eVentures
300 Crescent Ct Suite 800
Dallas, TX 75201

Clark K. Hunt
HW Capital, LP
1601 Elm St Suite 4000
Dallas, TX 75201

Daniel Zemann, Jr
London Fischer LLP
59 Maiden Lane
New York, NY 10038

James L. Fischer, Esq.
London Fischer LLP
59 Maiden Lane
New York, NY 10038

Julius A. Rousseau III
London Fischer LLP
59 Maiden Lane
New York, NY 10038

Robert J. Hall
c/o Paine Webber Inc
3200 Centre Square West
1500 Market Street
Philadelphia, PA 19102-2187

Gerhard T VanArkel
c/o U S Trust Co
100 West Lancaster Ave
Wayne, PA 19087

Richard S. Endres, Esq.
London Fischer LLP
59 Maiden Lane
New York, NY 10038

Bernard London, Esq.
London Fischer LLP
59 Maiden Lane
New York, NY 10038

DIRECTORS AND OFFICERS

Mark R Graham **Chairman**
Insurance Capital Management, Inc
c/o Longwood Partners
3 Radnor Corporate Center, Suite 300
Radnor, PA 19087

Elliott M. Kroll, Esq. **Vice-President and Secretary**
London Fischer LLP
59 Maiden Lane
New York, NY 10038

William K. Lowry, Jr **President**
Capital Decision Sciences LLC
22 Autumn Ct
Upper Saddle River, NJ 07458

John P. McNiff **Treasurer**
Longwood Partners
3 Radnor Corporate Center, Suite 300
Radnor, PA 19087

FILED
2001 AUG 31 PM 4:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CERTIFICATE OF COMPLIANCE - DOMESTIC

2

STATE OF NEW YORK
INSURANCE DEPARTMENT

It is hereby certified that

ICM INSURANCE COMPANY

of New York, New York

is duly organized under the laws of this state, and is authorized to issue policies and transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance, as specified in paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended) with a paid up capital of FIVE MILLION DOLLARS (\$5,000,000.00).

In Witness Whereof, I have hereunto set my hand and
affixed the official seal of this Department at the
City of Albany, New York, this

03rd day of February, 2001

GREGORY V. SERIO

Acting Superintendent of Insurance

BY



Frank N. D'Amico

Special Deputy Superintendent

CERTIFICATE OF DEPOSIT

STATE OF NEW YORK
INSURANCE DEPARTMENT

Gregory V. Serio
Acting Superintendent of Insurance

It is hereby certified that

ICM INSURANCE COMPANY
of New York, New York

has made with either this Department or a Custodian Bank approved by this Department the deposit of securities required under the Insurance Law; that said deposit is held by the Superintendent of Insurance, in trust for the security of all the company's policyholders within the United States, its territories and possessions, and consists of the following securities, of the par value of \$3,500,000.00; that they are of the class contemplated and permitted by Section 1402 of said law, and are worth the amount required by law:

DESCRIPTION	INT. RATE	REDEEMABLE	PAR VALUE
UNITED STATES OF AMERICA TREASURY NOTES	6.500%	May 31, 2001	\$3,500,000.00

In Witness Whereof, I have hereunto set my hand and
affixed the official seal of this Department,
at the City of Albany, New York, this
03rd day of February, 2001



GREGORY V. SERIO

Acting Superintendent of Insurance

By

Frank G. D'Amico

Special Deputy Superintendent