

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90009 049 ***150.00

DOCUMENT # F01000004632



1. Entity Name
ICM INSURANCE COMPANY

Principal Place of Business

**59 MAIDEN LANE
NEW YORK, NY 10038**

Mailing Address

**100 COMMONS WAY
SUITE 210
HOLMDEL, NJ 07733**



2. Principal Place of Business

2 Park Avenue

3. Mailing Address

Suite, Apt. #, etc.

New York, NY

Suite, Apt. #, etc.

City & State

City & State

Zip **10016**

Country **USA**

Zip

Country

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-3077651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WISSMAN, BARRETT	
STREET ADDRESS	300 CRESCENT CT SUITE 800	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, CLARK K	
STREET ADDRESS	1601 ELM ST SUITE 4000	
CITY-ST-ZIP	DALLAS, TX 75201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZEMANN, DANIEL-JR	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KROLL, ELLIOTT	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSSEAU, JULIUS A III	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK, NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, ROBERT J	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA, PA 191022187	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shoreline Mgt Group LLLP
STREET ADDRESS	PO Box 425 Frederiksted, St Croix VI
CITY-ST-ZIP	00841
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shoreline Mgt Group LLP
STREET ADDRESS	PO Box 425 Frederiksted, St. Croix V.
CITY-ST-ZIP	00841
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 Park Avenue
STREET ADDRESS	New York, NY 10016-9301
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 Park Avenue
STREET ADDRESS	New York, NY 10016-9301
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o Paine Webber Inc
STREET ADDRESS	1735 Market St 36th Fl Philadelphia PA
CITY-ST-ZIP	19103

12. I 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 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 officers or directors.

SIGNATURE:

Mark R. Graham, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

732 706 7888

Daytime Phone #

Attachment
241048001
FOI 0000004682

ICM Insurance Company

Formerly Baltica-Skandinavia Reinsurance Company of America, Inc.
C/O Chilmington International Inc.
100 Commons Way, Suite 210
Holmdel, New Jersey 07733

July 19, 2004

Division of Corporations
P.O. Box 150
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find ICM Insurance Company's 2004 annual report filing along with the filing fee of \$150.00

Our corporation is no longer licensed in the state of Florida and as such, we did not file an annual statement with the Florida Department of Insurance. Additionally, we have no record of receiving a notice from the Florida Department advising us of the need to file an annual report. It is for this reason we ask that you waive the \$400.00 late filing fee.

I thank you for your kind consideration.

Respectfully,



Mark R. Graham
President

Attached

24498001

2004 FOR PROFIT CORPORATION ANNUAL REPORT
Document # F01000004632
ICM Insurance Company

Attachment: No. 1

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
D	de KERTANGUY, Loic	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	JB Martin, Incorporated		
	10East 53rd St 31st Fl New York NY 10022		
D	Kroll, Sol	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	1365 York Avenue		
	New York, NY 10021		
D	McNiff, John	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Longwood Investment Advisors In		
	1275 Drummers Lane Suite 207 Wayne PA 19087		
D	Van Arkel, Gerhard T.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	510 Aokley Road		
	Haverford, PA 19041		
D/C/P	Graham, Mark R.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Blue Alternative Asset Management		
	420 Lexington Avenue Suite 2650		
	New York, NY 10170		
D	Grasso, Joseph G.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Thacher Proffitt & Wood		
	2 World Financial Ctr 27th Fl NY NY 10281		

240801

Document # F01000004632
ICM Insurance Company

OFFICERS AND DIRECTORS

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D Fuhrman, Jeffrey M. IMG Artists, LLC 825 Seventh Ave 8th Fl New York NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AD Tohir, David L. 52 Reeder Lane New Canaan, CT 06840	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition