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Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004632

1. Entity Name
ICM INSURANCE COMPANY

50063175

Principal Place of Business	Mailing Address
2 PARK AVENUE NEW YORK, NY 10016	100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733

08122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISSMAN, BARRETT SHORELINE MGT GP LLLP PO BOX 425 FREDERIKSTED, VI 00841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNT, CLARK K SHORELINE MGT GP LLLP PO BOX 425 FREDERIKSTED, VI 00841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS KROLL, ELLIOTT 2 PARK AVE NEW YORK, NY 100169301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSSEAU, JULIUS A III 2 PARK AVE NEW YORK, NY 100169301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ROBERT J 1735 MARKET ST 36TH FL PHILADELPHIA, PA 19103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 attached with an address, with all other like empowered.

SIGNATURE: Elliott M. Kroll, VP, Secty & GenCounsel 8/19/05 212 592-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ICM Insurance Company

Attachment: No. 1

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

ATTACHMENT
#F01000004632

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Attachment: No. 2

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

ATTACHMENT
Seq # 342
#F01000004632

ATTACHMENT

S00631735
#F01000004632

ICM Insurance Company
Formerly Baltica-Skandinavia Reinsurance Company of America, Inc.
c/o Chiltington International Inc.
100 Commons Way, Suite 210
Holmdel, New Jersey 07333

August 19, 2005

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

Re: ICM INSURANCE COMPANY

Dear Sir or Madam:

Enclosed is the 2005 Annual Statement of ICM Insurance Company and the filing fee of $150.00.

ICM is no longer licensed in the state of Florida and did not file an annual statement with the Florida Department of Insurance. We now understand that ICM is required to file this report each year with the Division of Corporations of the Florida Department of State. It is for this reason that we ask you to waive the $400.00 late filing fee.

Thank you for your kind consideration.

Respectfully,

Elliott M. Kroll
Vice President, Secretary & General Counsel

EMK:pla

Encs.