


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90003 035 \*\*\*150.00

<b>DOCUMENT # F01000004632</b> 1. Entity Name <b>ICM INSURANCE COMPANY</b>					
Principal Place of Business <b>2 PARK AVENUE NEW YORK, NY 10016</b>			Mailing Address <b>100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07072008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>13-3077651</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WISSMAN, BARRETT</b> <b>SHORELINE MGT GP LLLP PO BOX 425</b> <b>FREDERIKSTED, VI 00841</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOMPKINS, ALAN W</b> <b>1601 ELM STREET, SUITE 4000</b> <b>DALLAS, TX 75201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, CLARK K</b> <b>SHORELINE MGT GP LLLP PO BOX 425</b> <b>FREDERIKSTED, VI 00841</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUHRMAN, JEFFREY M</b> <b>152 WEST 57TH STREET, 5TH FLOOR</b> <b>NEW YORK, NY 10019</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>KROLL, ELLIOTT</b> <b>2 PARK AVE</b> <b>NEW YORK, NY 100169301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRASSO, JOSEPH G</b> <b>8005 NAVAJO STREET</b> <b>PHILADELPHIA, PA 19118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROUSSEAU, JULIUS A III</b> <b>2 PARK AVE</b> <b>NEW YORK, NY 100169301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, ROBERT J</b> <b>190 GOLF HOUSE ROAD</b> <b>HAVERFORD, PA 19041</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, ROBERT J</b> <b>1735 MARKET ST 36TH FL</b> <b>PHILADELPHIA, PA 19103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE KERTANGUY, LOIC</b> <b>645 FIFTH AVENUE, SUITE 4000</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP</b> <b>GRAHAM, MARK R</b> <b>70 E 55TH STREET 22ND FLOOR</b> <b>NEW YORK, NY 10022</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLINE, JONATHAN</b> <b>2 PARK AVENUE</b> <b>NEW YORK, NY 10016-9301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
<b>SIGNATURE: _____</b>				<b>732-706-7888</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date    Daytime Phone #	

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

# ATTACHMENT

<b>DOCUMENT # F01000004632</b> 1. Entity Name <b>ICM INSURANCE COMPANY</b>					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-3077651</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, CLARK K</b> <b>SHORELINE MGT GP LLLP PO BOX 425</b> <b>FREDERIKSTED, VI 00841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOHIR, DAVID L</b> <b>52 REEDER LANE</b> <b>NEW CANAAN, CT 06840</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>KROLL, ELLIOTT</b> <b>2 PARK AVE</b> <b>NEW YORK, NY 100169301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN ARKEL, GERHARD T</b> <b>31 CAMBRIDGE ROAD</b> <b>HAVERFORD, PA 19041</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROUSSEAU, JULIUS A III</b> <b>2 PARK AVE</b> <b>NEW YORK, NY 100169301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
<b>SIGNATURE: Mark R. Graham, President</b>				<b>732-706-7888</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

ATTACHMENT

40112666

#F01000004632

**ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D (ADD.)
NAME	TOMPKINS, ALAN W
TITLE	VP & GENERAL COUNSEL
COMPANY	UNITY HUNT, INC.
STREET ADDRESS	1601 ELM STREET, SUITE 4000
CITY - ST - ZIP	DALLAS, TX 75201

TITLE	D (ADD.)
NAME	FUHRMAN, JEFFREY M
TITLE	PRESIDENT & COO
COMPANY	IMG ARTISTS, LLC
STREET ADDRESS	CARNEGIE HALL TOWER 152 WEST 57 <sup>TH</sup> STREET, 5 <sup>TH</sup> FLOOR
CITY - ST - ZIP	NEW YORK, NY 10019

TITLE	D (ADD.)
NAME	GRASSO, JOSEPH G. (ESQ.)
TITLE	N/A
COMPANY	N/A
STREET ADDRESS	8005 NAVAJO STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19118

TITLE	D (CHANGE)
NAME	HALL, ROBERT J
TITLE	N/A
COMPANY	N/A
STREET ADDRESS	190 GOLF HOUSE ROAD
CITY - ST - ZIP	HAVERFORD, PA 19041

TITLE	D (ADD.)
NAME	DE KERTANGUY, LOIC
TITLE	N/A
COMPANY	JB MARTIN COMPANY
STREET ADDRESS	645 FIFTH AVENUE, SUITE 400
CITY - ST - ZIP	NEW YORK, NY 10022

ATTACHMENT 40112666  
#F01000004632

TITLE	D (ADD.)
NAME	KLINE, JONATHAN
TITLE	N/A
COMPANY	HERRICK, FEINSTEIN LLP
STREET ADDRESS	2 PARK AVENUE
CITY - ST - ZIP	NEW YORK, NY 10016-9301

TITLE	D (ADD.)
NAME	McNIFF, JOHN P
TITLE	N/A
COMPANY	DISCOVERY CAPITAL MANAGEMENT
STREET ADDRESS	EIGHT TOWER BRIDGE 161 WASHINGTON STREET, SUITE 1560
CITY - ST - ZIP	CONSHOHOCKEN, PA 19428

TITLE	D (ADD.)
NAME	TOHIR, DAVID L
TITLE	N/A
COMPANY	N/A
STREET ADDRESS	52 REEDER LANE
CITY - ST - ZIP	NEW CANAAN, CT 06840

TITLE	D (ADD.)
NAME	VAN ARKEL, GERHARD T
TITLE	N/A
COMPANY	N/A
STREET ADDRESS	31 CAMBRIDGE ROAD
CITY - ST - ZIP	HAVERFORD, PA 19041