


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-05-2008 90003 035 ***150.00

DOCUMENT # F01000004632 1. Entity Name ICM INSURANCE COMPANY	
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Principal Place of Business 2 PARK AVENUE NEW YORK, NY 10016	Mailing Address 100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733
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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
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07072008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WISSMAN, BARRETT SHORELINE MGT GP LLLP PO BOX 425 FREDERIKSTED, VI 00841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUNT, CLARK K SHORELINE MGT GP LLLP PO BOX 425 FREDERIKSTED, VI 00841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete KROLL, ELLIOTT 2 PARK AVE NEW YORK, NY 100169301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROUSSEAU, JULIUS A III 2 PARK AVE NEW YORK, NY 100169301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, ROBERT J 1735 MARKET ST 36TH FL PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP <input type="checkbox"/> Delete GRAHAM, MARK R 70 E 55TH STREET 22ND FLOOR NEW YORK, NY 10022


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TOMPKINS, ALAN W 1601 ELM STREET, SUITE 4000 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FUHRMAN, JEFFREY M 152 WEST 57TH STREET, 5TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GRASSO, JOSEPH G 8005 NAVAJO STREET PHILADELPHIA, PA 19118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HALL, ROBERT J 190 GOLF HOUSE ROAD HAVERFORD, PA 19041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DE KERTANGUY, LOIC 645 FIFTH AVENUE, SUITE 4000 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KLINE, JONATHAN 2 PARK AVENUE NEW YORK, NY 10016-9301

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.

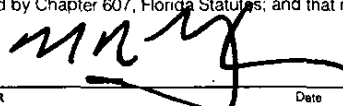
SIGNATURE: Mark R. Graham, president  732-706-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # F01000004632					
1. Entity Name ICM INSURANCE COMPANY					
Principal Place of Business 2 PARK AVENUE NEW YORK, NY 10016			Mailing Address 100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 13-3077651	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McNIFF, JOHN P 161 WASHINGTON STREET, SUITE 1560 CONSHOHOCKEN, PA 19428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, CLARK K SHORELINE MGT GP LLLP PO BOX 425 FREDERIKSTED, VI 00841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 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	DVS KROLL, ELLIOTT 2 PARK AVE NEW YORK, NY 100169301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN ARKEL, GERHARD T 31 CAMBRIDGE ROAD HAVERFORD, PA 19041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUSSEAU, JULIUS A III 2 PARK AVE NEW YORK, NY 100169301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, ROBERT J 1735 MARKET ST 36TH FL PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP GRAHAM, MARK R 70 E 55TH STREET 22ND FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>Mark R. Graham, President</u>				732-706-7888	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

40112666



ATTACHMENT

40112666

#FO1000004632

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 TH STREET, 5 TH 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
 #F0100004632

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	