2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# F01000004632

Entity Name: ICM INSURANCE COMPANY

Current Principal Place of Business:

2 PARK AVENUE
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

100 COMMONS WAY
SUITE 210
HOLMDEL, NJ 07733

New Mailing Address:

FEI Number: 13-3077651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TOMPKINS, ALAN W	
Address:	1601 ELM STREET, SUITE 4000	
City-St-Zip:	DALLAS, TX 75201	
Title:	D	( ) Delete
Name:	HUNT, CLARK K	
Address:	SHORELINE MGT GP LLLP PO BOX 425	
City-St-Zip:	FREDERIKSTED, VI 00841	
Title:	DVS	( ) Delete
Name:	KROLL, ELLIOTT	
Address:	2 PARK AVE	
City-St-Zip:	NEW YORK, NY 100169301	
Title:	D	( ) Delete
Name:	ROUSSEAU, JULIUS A III	
Address:	2 PARK AVE	
City-St-Zip:	NEW YORK, NY 100169301	
Title:	D	( ) Delete
Name:	HALL, ROBERT J	
Address:	190 GOLF HOUSE ROAD	
City-St-Zip:	HAVERFORD, PA 19041	
Title:	DCP	( ) Delete
Name:	GRAHAM, MARK R	
Address:	70 E 55TH STREET 22ND FLOOR	
City-St-Zip:	NEW YORK, NY 10022	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R GRAHAM DCP 03/18/2009

Electronic Signature of Signing Officer or Director — Date