2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

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Entity Name: ICM INSURANCE COMPANY

Current Principal Place of Business:

2 PARK AVENUE
NEW YORK, NY 10016

New Principal Place of Business:

1675 BROADWAY
NEW YORK, NY 10019

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

OFFICERS AND DIRECTORS:

Title: D
Name: TOMPKINS, ALAN W
Address: 1601 ELM STREET, SUITE 4000
City-St-Zip: DALLAS, TX 75201

Title: D
Name: HUNT, CLARK K
Address: SHORELINE MGT GP LLLP PO BOX 425
City-St-Zip: FREDERIKSTED, VI 00841

Title: DVS
Name: KROLL, ELLIOTT
Address: 1675 BROADWAY
City-St-Zip: NEW YORK, NY 10019

Title: D
Name: ROUSSEAU, JULIUS A III
Address: 1675 BROADWAY
City-St-Zip: NEW YORK, NY 10019

Title: D
Name: HALL, ROBERT J
Address: 190 GOLF HOUSE ROAD
City-St-Zip: HAVERFORD, PA 19041

Title: DCP
Name: GRAHAM, MARK R
Address: 546 5TH AVENUE, 14TH FL
City-St-Zip: NEW YORK, NY 10036

I hereby 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 all other like empowered.

SIGNATURE: MARK R. GRAHAM DCP 03/01/2011

Electronic Signature of Signing Officer or Director — Date