2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004632

Entity Name: ICM INSURANCE COMPANY

FILED May 01, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1675 BROADWAY NEW YORK, NY 10019

Current Mailing Address: New Mailing Address:

100 COMMONS WAY SUITE 210 HOLMDEL, NJ 07733

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: [

Name: TOMPKINS, ALAN W

Address: 1601 ELM STREET, SUITE 4000

City-St-Zip: DALLAS, TX 75201

Title: [

Name: HUNT, CLARK K

Address: SHORELINE MGT GP LLLP PO BOX 425

City-St-Zip: FREDERIKSTED, VI 00841

Title: D

Name: VAN ARKEL, GERHARD T Address: 237 PARK AVENUE City-St-Zip: NEW YORK, NY 10017

Title: [

Name: KERTANGUY, LOIC
Address: 237 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

Title:

Name: FUHRMAN, JEFFREY M Address: 237 PARK AVENUE City-St-Zip: NEW YORK, NY 10017

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 05/01/2012