

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90222 035 \*\*\*150.00

**DOCUMENT # F01000004632**

**1. Entity Name**  
**ICM INSURANCE COMPANY**



**Principal Place of Business**  
**59 MAIDEN LANE**  
**NEW YORK NY 10038**

**Mailing Address**  
**100 COMMONS WAY**  
**SUITE 210**  
**HOLMDEL NJ 07733**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **13-3077651**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**\*Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **WISSMAN, BARRETT**  
**STREET ADDRESS** **300 CRESCENT CT SUITE 800**  
**CITY-ST-ZIP** **DALLAS TX 75201**

**TITLE** **D** ☐ Delete  
**NAME** **HUNT, CLARK K**  
**STREET ADDRESS** **1601 ELM ST SUITE 4000**  
**CITY-ST-ZIP** **DALLAS TX 75201**

**TITLE** **D** ☐ Delete  
**NAME** **ZEMANN, DANIEL JR**  
**STREET ADDRESS** **59 MAIDEN LANE**  
**CITY-ST-ZIP** **NEW YORK NY 10038**

**TITLE** **D** ☒ Delete  
**NAME** **FISCHER, JAMES L ESQ**  
**STREET ADDRESS** **59 MAIDEN LANE**  
**CITY-ST-ZIP** **NEW YORK NY 10038**

**TITLE** **D** ☐ Delete  
**NAME** **ROUSSEAU, JULIUS A III**  
**STREET ADDRESS** **59 MAIDEN LANE**  
**CITY-ST-ZIP** **NEW YORK NY 10038**

**TITLE** **D** ☐ Delete  
**NAME** **HALL, ROBERT J**  
**STREET ADDRESS** **1500 MARKET ST**  
**CITY-ST-ZIP** **PHILADELPHIA PA 19102-2187**

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

**TITLE** **D/C** ☐ Change ☒ Addition  
**NAME** **GRAHAM, MARK**  
**STREET ADDRESS** **500 College Ave**  
**CITY-ST-ZIP** **Haverford, PA 19041**

**TITLE** **D / P** ☐ Change ☒ Addition  
**NAME** **LOWRY, William K**  
**STREET ADDRESS** **22 Autumn CT**  
**CITY-ST-ZIP** **Upper Saddle River NJ 07458**

**TITLE** **D / T** ☐ Change ☒ Addition  
**NAME** **McNiff, John**  
**STREET ADDRESS** **3 Radnor Corp Ctr Suite 300**  
**CITY-ST-ZIP** **Radnor, PA 19087**

**TITLE** **D / V / S** ☐ Change ☒ Addition  
**NAME** **Kroll, Elliott**  
**STREET ADDRESS** **59 Maiden Lane**  
**CITY-ST-ZIP** **New York, NY 10038**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Endres, Richard**  
**STREET ADDRESS** **59 Maiden Lane**  
**CITY-ST-ZIP** **New York, NY 10038**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Van Arkel, Gerhard**  
**STREET ADDRESS** **510 Oakley Rd**  
**CITY-ST-ZIP** **Haverford, PA 19041**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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:**

**WILLIAM LOWRY, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 2003**

Date

**732 706 7888**

CR2E034 (10/02)

Attachment  
10092818

**ICM Insurance Company** # F01000004632

Suite 210  
100 Commons Way  
Holmdel, NJ 07733

Tel No 732.706.7888 Fax No 732.706.9202

April 04, 2003

Attachment to the:

**2002 UNIFORM BUSINESS REPORT (UBR)**  
**Document No. F 01000004632**  
**ICM Insurance Company**

Block No. 12 Additions/Changes to Officers and Directors in 11

Title	D	Addition
Name	Joseph G. Grasso	
Street Address	201 W. Gravers LN	
City-ST-Zip	Philadelphia, PA 19118	



William Lowry, President  
April 14, 2003  
732 706 7888