

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001135

**Entity Name:** ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**7141410529CC****Current Principal Place of Business:**1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20005**Current Mailing Address:**1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20005**FEI Number: 03-0311204****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**Title GENERAL COUNSEL  
Name STEINER, DANIEL T.  
Address 1401 H STREET NW  
SUITE 1000  
City-State-Zip: WASHINGTON DC 20005Title VP, CFO  
Name PRESEAU, CHARLES G.  
Address 1401 H STREET NW  
SUITE 1000  
City-State-Zip: WASHINGTON DC 20005Title DIRECTOR, CHAIRMAN  
Name PACKARD, RALPH K.  
Address 1401 H STREET NW  
SUITE 1000  
City-State-Zip: WASHINGTON DC 20005Title PRESIDENT  
Name MAFFIA, LAWRENCE R  
Address 1401 H STREET NW  
SUITE 1000  
City-State-Zip: WASHINGTON DC 20005

*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: LAWRENCE R. MAFFIA****PRESIDENT****04/27/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date