

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001135

Entity Name: ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP**FILED**
Apr 03, 2017
Secretary of State
CC3758459862**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, VP
Name STEINER, DANIEL T.
Address 1401 H STREET NW
SUITE 1000
City-State-Zip: WASHINGTON DC 20005Title VP
Name PRESEAU, CHARLES G.
Address 1401 H STREET NW
SUITE 1000
City-State-Zip: WASHINGTON DC 20005Title CFO
Name BEHR, CHARLES W.
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****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date