


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00-AM
Secretary of State

DOCUMENT # F94000004964
 1. Entity Name
 ICI MUTUAL INSURANCE BROKERS, INC.



Principal Place of Business 1401 "H" ST NW 1000 WASHINGTON, DC 20005-2140	Mailing Address 1401 "H" ST NW 1000 WASHINGTON, DC 20005-2140
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1704910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST
 SUITE 105
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000062383 02/23/04-80120-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINER, DANIEL T. 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIRLEY, NATALIE 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHR, CHARLIE 1401 H ST NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOLAN, ELIZABETH M. 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEMBERTON, RITA 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth M Dolan 1/6/04 2021326-5465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #