


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F94000004964</b> 1. Entity Name ICI MUTUAL INSURANCE BROKERS, INC.	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
07 NOV -7 PM 12:37

Principal Place of Business 1401 1000 WASHINGTON, DC 20005-2140	Mailing Address 1401 1000 WASHINGTON, DC 20005-2140
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2. Principal Place of Business - No P.O. Box # 1401 H Street NW Suite, Apt. #, etc. 10th Floor	3. Mailing Address 1401 H Street NW Suite, Apt. #, etc.
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10242007 REIN-P CR2E098 (1/07)

City & State Washington DC Zip 20005 Country USA	City & State Washington DC Zip 20005 Country USA
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4. FEI Number 52-1704910	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$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

**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: ATTACHED DATE

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete STEINER, DANIEL T. 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SHIRLEY, NATALIE 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BEHR, CHARLIE 1401 H ST NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete DOLAN, ELIZABETH M. 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete PEMBERTON, RITA 1401 H ST. NW STE 1000 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">                         200112084422                          11/07/07--01049--004 **150.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D LAWRENCE R. MAFFIA 1401 H ST. NW STE 1000 WASHINGTON DC 20009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/T/D CHARLES W. BEHR 1401 H ST. NW STE. 1000 WASHINGTON DC 20009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;">                         B 11/09/07                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT <u>      </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles W. Behr 10/29/07 202-326-5464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #