

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004964

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: ICI MUTUAL INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

1401 H STREET NW  
10TH FLOOR  
WASHINGTON, DC 20005

**New Principal Place of Business:**

**Current Mailing Address:**

1401 H STREET NW  
10TH FLOOR  
WASHINGTON, DC 20005

**New Mailing Address:**

1401 H ST NW  
WASHINGTON, DC 20005

FEI Number: 52-1704910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: STEINER, DANIEL T.  
Address: 1401 H ST. NW STE 1000  
City-St-Zip: WASHINGTON, DC 20005

Title: PD ( ) Delete  
Name: MAFFIA, LAWRENCE R  
Address: 1401 H ST. NW STE 1000  
City-St-Zip: WASHINGTON, DC 20009

Title: VTD ( ) Delete  
Name: BEHR, CHARLIE W  
Address: 1401 H ST. NW STE 1000  
City-St-Zip: WASHINGTON, DC 20009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: STEINER, DANIEL T  
Address: 1401 H ST. NW  
City-St-Zip: WASHINGTON, DC 20005

Title: PD (X) Change ( ) Addition  
Name: MAFFIA, LAWRENCE R  
Address: 1401 H ST. NW  
City-St-Zip: WASHINGTON, DC 20005

Title: VTD (X) Change ( ) Addition  
Name: BEHR, CHARLIE W  
Address: 1401 H ST. NW  
City-St-Zip: WASHINGTON, DC 20005

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL T. STEINER

S

04/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date