

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004964

FILED
Jan 15, 2009
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 ST NW
WASHINGTON, DC 20005

New Mailing Address:

1401 H STREET NW
10TH FLOOR
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
City-St-Zip: WASHINGTON, DC 20005

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: DAVIS, BRIANA
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: /S/ CHARLES W. BEHR

VTD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date