

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004964

**FILED**  
**Apr 04, 2011**  
**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:**

1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20009

**Current Mailing Address:**

1401 H STREET NW  
10TH FLOOR  
WASHINGTON, DC 20005

**New Mailing Address:**

1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20009

**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 PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
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:

04/04/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: STEINER, DANIEL T  
Address: 1401 H STREET NW, SUITE 1000  
City-St-Zip: WASHINGTON, DC 20009

Title: PD  
Name: MAFFIA, LAWRENCE R  
Address: 1401 H STREET NW, SUITE 1000  
City-St-Zip: WASHINGTON, DC 20009

Title: TD  
Name: BEHR, CHARLES W  
Address: 1401 H STREET NW, SUITE 1000  
City-St-Zip: WASHINGTON, DC 20009

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: DANIEL T. STEINER

S

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date