

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000004964

**Entity Name:** ICI MUTUAL INSURANCE BROKERS, INC.

**Current Principal Place of Business:**

1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20005

**Current Mailing Address:**

1401 H STREET NW  
SUITE 1000  
WASHINGTON, DC 20005 US

**FEI Number:** 05-1704910

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MULLIGAN, JOHN T  
Address        1401 H STREET NW  
                  SUITE 1000  
City-State-Zip: WASHINGTON DC 20005

Title            TREASURER, DIRECTOR, VP  
Name            PRESEAU, CHARLES G  
Address        1401 H STREET NW  
                  SUITE 1000  
City-State-Zip: WASHINGTON DC 20005

Title            SECRETARY, DIRECTOR  
Name            ULSTRUP, JULIA S  
Address        1401 H STREET NW  
                  SUITE 1000  
City-State-Zip: WASHINGTON DC 20005

*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:** JULIA S. ULSTRUP

**SECRETARY**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date