

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 022 ***150.00

DOCUMENT # F94000004964
1. Entity Name
ICI MUTUAL INSURANCE BROKERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1401 H ST. NW Suite, Apt. #, etc. STE. 1000 City & State WASHINGTON DC Zip 20005 Country USA		3. Mailing Address 1401 H ST. NW Suite, Apt. #, etc. STE. 1000 City & State WASHINGTON DC Zip 20005 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1704910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. STE. 105
City TALLAHASSEE FL Zip Code 32301

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NATALIE SHIRLEY 1401 H ST. NW, STE. 1000 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ELIZABETH H. DOLAN 1401 H ST. NW, STE. 1000 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DANIEL T. STEINER 1401 H ST. NW, STE. 1000 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHARLES BEHR 1401 H ST. NW, STE 1000 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY RITA PEMBERTON 1401 H ST. NW, STE. 1000 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Steiner Daniel T. Steiner, Secretary 4/22/02 202-326-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)