



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 150276	2. Name of Corporation MARSH PRIVATE CLIENT LIFE INSURANCE SERVICES
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3. Street Address Principal Business Office 121 RIVER STREET	City HOBOKEN	State NJ	Zip 07030
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4. Business Phone No. 201-284-4000	5. State of Incorporation CALIFORNIA
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5. Brief Description of the Character of Business Conducted in Rhode Island  
INSURANCE BROKERAGE

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name TERENCE BERNIER	Vice President Name JOSEPH P. GIGLIOTTI
Street Address 500 WEST MONROE STREET	Street Address 121 RIVER STREET
City CHICAGO	City HOBOKEN
State IL	State NJ
Zip 60661	Zip 07030

Secretary Name LAWRENCE LEHAN	Treasurer Name ALAN BIELER
Street Address 1166 AVENUE OF THE AMERICAS	Street Address 1166 AVENUE OF THE AMERICAS
City NEW YORK	City NEW YORK
State NY	State NY
Zip 10036	Zip 10036

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name TERENCE BERNIER	Director Name MARY JO RAPP
Street Address 500 WEST MONROE STREET	Street Address 12421 MEREDITH DRIVE
City CHICAGO	City URBANDALE
State IL	State IA
Zip 60661	Zip 50398
Director Name LISA LINDSAY	
Street Address 1166 AVENUE OF THE AMERICAS	Street Address
City NEW YORK	City
State NY	State
Zip 10036	Zip

**9. SHARES AUTHORIZED**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES — THIS SECTION **MUST** BE COMPLETED

Number of Shares	Class/Series	Par Value
171	COMMON	1

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date \_\_\_\_\_

Check No. **JAN 20 2011**

By: py 23420

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Joseph P. Gigliotti Date 1/12/11

**JOSEPH P. GIGLIOTTI**

Print or Type Name

**VICE PRESIDENT**

Title