

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(cord)) is

150276 MARSH PRIVATE CLIENT LIFE IN: 3. Street Address Principal Business Office 121 RIVER STREET, 8TH FLOOR			Gity HOBOKEN	State	Zip
4. Business Phone No. 201-284-4782	Business Phone No. 5. State of Incorporation		HOBOKEN	NJ	07030
6. Brief Description of the Ch INSURANCE BROKE	aracter of Business Condu	scied in Rhode Island			
7. NAMES AND ADDR	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	(CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
ELIZABETH FLYNN			Vice President Name JOSEPH GIGLIOTTI		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 121 RIVER STREET		
NEW YORK	State NY	^{Zip} 10036	City HOBOKEN	State NJ	^{Zip} 07030
Secretary Name LAWRENCE LEHAN			Treasurer Name ALAN BIELER		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 1166 AVENUE OF THE AMERICAS		
NEW YORK	State NY	^{Zip} 10036	City NEW YORK	State NY	<i>Ζφ</i> 10036
ELIZABETH FLYNN Street Address	<u> </u>	CTORS: ("X" BOX FOR AY	TACHMENT) FILL II Director Name TERENCE BERNIE Street Address		G ATTACHMENTS
1166 AVENUE OF THE AMERICAS			540 W. MADISON STREET		
NEW YORK	State NY	<i>z</i> ф 10036	City CHICAGO	State	Zip
Director Name LISA KARANFILOV			Director Name	IL	[60661
Street Address 1166 AVENUE OF THE AMERICAS			Street Address		
City NEW YORK	State NY	^{Zip} 10036	City	State	Zip
9. SHARES AUTHORIZ	ED	•	10. SHARES ISSUED	(<i>"X" BOX FOR ATTACE</i> CTION <u>MUST</u> BE COMPLETED	IMENT) [
This information is cur	rently of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			171	COMMON	1
				o gradiena da	: : : : : : : : : : : : : : : : : : :

File Date JAN 3 0 2012 Check No. By. BY. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and s contained begin are true and correct.	that I have examined this report, tatements, and that all statements
Signature .	Date
JOSEPH GIGLIOTTI	
Print or Type Name	
VICE PRESIDENT	
Title	