



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 02904-2615  
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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000135489		2. Name of Corporation LEGG MASON FINANCIAL SERVICES, INC			
3. Street Address Principal Business Office 100 LIGHT STREET			City BALTIMORE	State MD	Zip 21202
4. Business Phone No. (813) 604-8115		5. State of Incorporation MARYLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE BROKER; FINANCIAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN T MARYNOWSKI			Vice President Name STEPHEN W ENOCH		
Street Address 787 7TH AVENUE			Street Address 700 RED BROOK BLVD, SUITE 300		
City NEW YORK	State NY	Zip 10019	City OWINGS MILLS	State MD	Zip 21117
Secretary Name (Asst) LISA A HOFFMAN			Treasurer Name (Asst) KEITH J ANZEL		
Street Address 3800 CITIGROUP CENTER DRIVE			Street Address 388 GREENWICH STREET		
City TAMPA	State FL	Zip 33610	City NEW YORK	State NY	Zip 10013
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DONALD BENDERNAGEL			Director Name SCOTT L FLOOD		
Street Address 388 GREENWICH STREET			Street Address 388 GREENWICH STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Director Name CLIFFORD VERRON			Director Name NONE		
Street Address 388 GREENWICH STREET			Street Address		
City NEW YORK	State NY	Zip 10013	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value 0.00

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 JAN 31 2012  
Check No. \_\_\_\_\_  
By: 5113430254  
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.

Lisa A Hoffman 1.30.12  
Signature Date

LISA A HOFFMAN

Print or Type Name

ASSISTANT SECRETARY

Title