



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. 000132684		2. Name of Corporation CITIGROUP RISK BROKERS, INC			
3. Street Address Principal Business Office 388 GREENWICH STREET			City NEW YORK	State NY	Zip 10013
4. Business Phone No. (813) 604-8115		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island REINSURANCE AGENCY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CLIFF VERRON			Vice President Name RACHEL STINE		
Street Address 388 GREENWICH STREET			Street Address 388 GREENWICH STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Secretary Name (ASS) Lisa A. Hoffman			Treasurer Name VICTOR SPADAFORA		
Street Address 3800 Citigroup Center Dr			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 CLIFFORD VERRON		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 0.01
			THIS SECTION MUST BE COMPLETED		

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: 5113430253
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