



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 163340		2. Exact name of the Corporation JPMorgan Insurance Agency, Inc.					
3. Principal office address 500 Stanton Christiana Road				City Newark	State DE	Zip 19713	
4. Business Phone No. 312-407-8060				5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Insurance Agencies & Brokerages							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Laura A Pantaleo				Vice-President Name Amy R Furash			
Street Address 277 Park Avenue NY1-L258				Street Address 1111 Polaris Parkway OH1-0149			
City New York	State NY	Zip 10172		City Columbus	State OH	Zip 43240	
Secretary Name Marie I Jordan				Treasurer Name Marlene R Paraskewich			
Street Address 10 South Dearborn IL1-0290				Street Address 500 Christiana Road DE3-1560			
City Chicago	State IL	Zip 60603		City Newark	State DE	Zip 19713	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Marc J Fink				Director Name Leslie R Corydon			
Street Address 201 North Walnut Street DE1-1072				Street Address 194 Wood Avenue South NJ2-1482			
City Wilmington	State DE	Zip 19801		City Iselin	State NJ	Zip 08830	
Director Name Robert A Segnini				Director Name Lisa A Tooker			
Street Address 3415 Vision Drive OH4-7244				Street Address 1111 Polaris Parkway OH1-1062			
City Columbus	State Oh	Zip 43219		City Columbus	State OH	Zip 43240	
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				5000	Common	1.00	

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

JUN 21 2012

File Date _____

Check No _____

By: _____

By *[Signature]*

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.

x *[Signature]* 06/14/12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Frank J Drozek

Print or Type Name of Authorized Representative

CU# 8137394639