



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

Frank J Drozek

Print or Type Name of Authorized Representative

CU# 8137394639