



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 143080		2. Exact name of the limited liability company MERCER HEALTH & BENEFITS LLC			
3. State of Formation DELAWARE		4. Brief description of the character of business conducted in Rhode Island HEALTH & BENEFITS CONSULTING SERVICES			
5. Principal office address 1166 AVENUE OF THE AMERICAS		City NEW YORK	State NY	Zip 10036	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SHERYL P. MULRAINE-HAZELL		Contact Title ASSISTANT VICE PRESIDENT, MERCER US INC			
Street Address 121 RIVER ST, 8TH FL, TAX DEPT		City HOBOKEN	State NJ	Zip 07030	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name N/A		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 09 2012

By: *[Signature]*
 CR # 0000286494

File Date _____

Check No _____

By: _____

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.

[Signature] _____ 9/27/12
 Signature of Authorized Person Date

SHERYL P. MULRAINE-HAZELL
 Print or Type Name of Authorized Person