



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 **2015**

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. 153414		2. Exact name of the Corporation SEABURY & SMITH, INC.			
3. Principal office address 121 RIVER STREET -8TH FL- TAX DEPT.		City HOBOKEN	State NJ	Zip 07030	
4. Business Phone No.		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island TO DESIGN, DISTRIBUTE AND ADMINISTER INDIVIDUAL-GROUP LIFE, HEALTH, DISABILITY AND OTHER INSURANCE PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT S. BENTLEY			Vice-President Name JOSEPH GIGLIOTTI		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 121 RIVER ST		
City NEW YORK	State NY	Zip 10036	City HOBOKEN	State NJ	Zip 07030
Secretary Name LAWRENCE LEHAN			Treasurer Name HELEN SHAN		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 1166 AVENUE OF THE AMERICAS		
City NEW YORK	State NY	Zip 10036	City NEW YORK	State NY	Zip 10036
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KEVIN TOBIN			Director Name EDWARD LIKMAN		
Street Address 540 W MADISON STREET			Street Address 1166 AVENUE OF THE AMERICAS		
City CHICAGO	State IL	Zip 60603	City NEW YORK	State NY	Zip 10036
Director Name ROBERT S. BENTLEY			Director Name		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address		
City NEW YORK	State NY	Zip 10036	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	1
			97,000	PREFERRED	1000

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 17 2015

BY

1005995

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.

Joseph Gigliotti

Signature of Authorized Representative

Date

JOSEPH GIGLIOTTI

Print or Type Name of Authorized Representative