

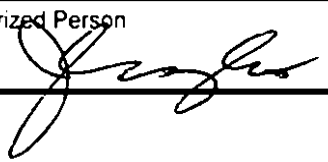


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year: 2018**  
**Limited Liability Company**

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>001672290</b>                                                                                                                                                                     |                 | 2. Exact name of the Limited Liability Company<br><b>Seabury &amp; Smith LLC</b>                                                                                                                  |                                                                 |                          |                     |
| 3. NAICS Code<br><b>541511</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO DESIGN, DISTRIBUTE, AND ADMINISTER INDIVIDUAL-GROUP LIFE, HEALTH, DISABILITY AND OTHER INSURANCE PRODUCT</b> |                                                                 |                          |                     |
| 5. State of Formation<br><b>NEW YORK</b>                                                                                                                                                                    |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| 6. Principal Office Address<br><b>1166 AVENUE OF THE AMERICAS</b>                                                                                                                                           |                 |                                                                                                                                                                                                   | City<br><b>NEW YORK</b>                                         | State<br><b>NY</b>       | Zip<br><b>10036</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| Contact Name <b>JOSEPH P GIGLIOTTI</b>                                                                                                                                                                      |                 |                                                                                                                                                                                                   | Contact Title <b>VICE PRESIDENT - TAX</b>                       |                          |                     |
| Street Address <b>121 RIVER STREET, 3RD FL - TAX DEPT</b>                                                                                                                                                   |                 |                                                                                                                                                                                                   | City <b>HOBOKEN</b>                                             | State <b>NJ</b>          | Zip <b>07030</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| Manager Name <b>NATARAJAN LAKSHMANAN</b>                                                                                                                                                                    |                 |                                                                                                                                                                                                   | Manager Name <b>JOSEPH P GILGLIOTTI</b>                         |                          |                     |
| Street Address <b>1166 AVENUE OF THE AMERICAS</b>                                                                                                                                                           |                 |                                                                                                                                                                                                   | Street Address <b>121 RIVER STREET, 3RD FL - TAX DEPARTMENT</b> |                          |                     |
| City <b>NEW YORK</b>                                                                                                                                                                                        | State <b>NY</b> | Zip <b>10036</b>                                                                                                                                                                                  | City <b>HOBOKEN</b>                                             | State <b>NJ</b>          | Zip <b>07030</b>    |
| Manager Name <b>CHRISTOPHER J. TROISI</b>                                                                                                                                                                   |                 |                                                                                                                                                                                                   | Manager Name <b>FERDINAND G JAHNEL</b>                          |                          |                     |
| Street Address <b>1166 AVENUE OF THE AMERICAS</b>                                                                                                                                                           |                 |                                                                                                                                                                                                   | Street Address <b>1166 AVE OF THE AMERICAS</b>                  |                          |                     |
| City <b>NEW YORK</b>                                                                                                                                                                                        | State <b>NY</b> | Zip <b>10036</b>                                                                                                                                                                                  | City <b>NEW YORK</b>                                            | State <b>NY</b>          | Zip <b>10036</b>    |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| <b>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.</b> |                 |                                                                                                                                                                                                   |                                                                 |                          |                     |
| Name of Authorized Person<br><b>JOSEPH P GIGLIOTTI</b>                                                                                                                                                      |                 |                                                                                                                                                                                                   |                                                                 | Date<br><b>1/24/2018</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                 |                                                                                                                                                                                                   |                                                                 | SIGN DOCUMENT HERE       |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
**MAR 02 2018**  
 BY 1029633

**SEABURY & SMITH, LLC. (DE)**

**FEIN: 13-3109248**

**Officers and Directors**

**As of Jan, 2017**

| <u>Name</u>           | <u>Address</u>                                  | <u>Title</u>       | <u>As Of</u> |
|-----------------------|-------------------------------------------------|--------------------|--------------|
| William C. Diamond    |                                                 | Director           | 7/31/2017    |
| Richard B. Ford       |                                                 | Director           | 7/31/2017    |
| Ferdinand G. Jahnel   | 1166 Avenue of the Americas, New York, NY 10036 | Director/Treasurer | 7/31/2017    |
| Natarajan Lakshmanan  | 1166 Avenue of the Americas, New York, NY 10036 | President/Director | 7/31/2017    |
| Joseph P. Gigliotti   | 121 River Street, Hoboken, NJ 07030             | Vice President     | 4/1/2004     |
| Francine McDermott    | 1166 Avenue of the Americas, New York, NY 10036 | Vice President-    | 9/21/2015    |
| John Miele            | 400 West Market Street Louisville, KY 40202     | Vice President-    | 9/21/2015    |
| Christopher J. Troisi | 1166 Avenue of the Americas, New York, NY 10036 | Secretary          | 7/31/2017    |

Other Info: