



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

Annual Report for the year: 2020  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**  
 FEB 03 2020  
 BY 1045928 OS

1. Entity ID Number 150276		2. Exact name of the Corporation MARSH PRIVATE CLIENT LIFE INSURANCE SERVICES			
3. Principal Office Address 1166 AVENUE OF THE AMERICAS			City NEW YORK	State NY	Zip 10036
4. NAICS Code 524290		6. Brief description of the character of business conducted in Rhode Island INSURANCE BROKERAGE			
5. State of Incorporation CALIFORNIA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MARTIN C. SOUTH			Vice-President Name CLAUDRIC E. ADAMS		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 121 RIVER STREET		
City NEW YORK	State NY	Zip 10036	City HOBOKEN	State NJ	Zip 07030
Secretary Name LAWRENCE LEHAN			Treasurer Name FERDINAND JAHEL		
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SUSAN STONE			Director Name KEVIN TOBIN		
Street Address 1166 AVENUE OF THE AMERICAS			Street Address 540 W MADISON STREET		
City NEW YORK	State NY	Zip 10036	City CHICAGO	State IL	Zip 60661-7600
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		171		COMMON	10.00
11. 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.					
<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 Representative CLAUDRIC E. ADAMS				Date 1/22/2020	
Signature of Authorized Representative <i>Claudric E Adams</i>				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