2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# F05000004880

Entity Name: MARSH PRIVATE CLIENT LIFE INSURANCE SERVICES INC.

Current Principal Place of Business:

20750 VENTURA BLVD.
WOODLAND HILLS, CA 91364

New Principal Place of Business:

Current Mailing Address:

121 RIVER STREET
TAX DEPT - 11TH FLOOR
HOBOKEN, NJ 07030

New Mailing Address:

121 RIVER STREET
TAX DEPT - 8TH FLOOR
HOBOKEN, NJ 07030

FEI Number: 95-1965459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: FLYNN, ELIZABETH E
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: VP
Name: GIGLIOTTI, JOSEPH P
Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

Title: T
Name: BIELER, ALAN
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: S
Name: LEHAN, LAWRENCE
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: D
Name: BERNIER, TERENCE
Address: 540 W. MADISON STREET
City-St-Zip: CHICAGO, IL 60661

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH GIGLIOTTI VP 01/05/2012

Electronic Signature of Signing Officer or Director Date