2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004103

Entity Name: MERCER HEALTH & BENEFITS LLC

FILED Apr 16, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036

Current Mailing Address: New Mailing Address:

121 RIVER STREET
11TH FL TAX DEPT
HOBOKEN, NJ 07030
121 RIVER STREET
8TH FL TAX DEPT
HOBOKEN, NJ 07030
HOBOKEN, NJ 07030

FEI Number: 34-2015463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: MERCER (US), INC.

Address: 1166 AVENUE OF THE AMERICAS

City-St-Zip: NEW YORK, NY 10036

Title: PD

Name: FOX, MINDY L

Address: 1166 AVENUE OF THE AMERICAS

City-St-Zip: NEW YORK, NY 10036

Title: CEOD

Name: PORTALATIN, JULIO A

Address: 1166 AVENUE OF THE AMERICAS

City-St-Zip: NEW YORK, NY 10036

Title:

Name: CHENG, CAROLINE K
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title:

Name: BIELER, ALAN W

Address: 1166 AVENUE OF THE AMERICA

City-St-Zip: NEW YORK, NY 10036

Title: AVP

Name: MULRAINE HAZELL, SHERYL P

Address: 121 RIVER STREET
City-St-Zip: HOBOKEN, NJ 07030

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: SHERYL P. MULRAINE-HAZELL AVP 04/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date