2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

DOCUMENT# F00000000263

Entity Name: MARSH INSURANCE & INVESTMENTS CORP.

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2189187 **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: LEDBETTER, CHARLES
Address: 1225 17TH ST STE 2100
City-St-Zip: DENVER, CO 80202

Title: AT
Name: FARRELL, KAREN
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: D
Name: CAHALAN, DON
Address: 12421 MEREDITH DR
City-St-Zip: URBANDALE, IA 50398

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

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 P. GIGLIOTTI VP 04/11/2011

Electronic Signature of Signing Officer or Director Date