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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F14000000013

1. Corporation Name
MARSH & MCLENNAN COMPANIES, INC.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1166 AVENUE OF THE AMERICAS | 121 RIVER STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 8TH FLOOR |
| City & State | City & State |
| NEW YORK, NY | HOBOKEN, NJ |
| Zip / Country | Zip / Country |
| 10036 / USA | 07030 / USA |

4. Date Incorporated or Qualified To Do Business in Florida
12/31/2013

5. FEI Number
36-2668272
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City / State / Zip Code
PLANTATION / FL / 33324

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Connie Bryan Date 7/7/2015

REGISTERED AGENT MUST SIGN

Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PRES/T | DANIEL GLASER | 1166 AVENUE OF THE AMERICAS | NEW YORK, NY 10036 |
| SR.VP/ | ROBERT RAPPORT | 1166 AVENUE OF THE AMERICAS | NEW YORK, NY 10036 |
| VP | MICHAEL HASS | 121 RIVER STREET | HOBOKEN, NJ 07030 |
| ASST | THOMAS O'KEEFFE | 121 RIVER STREET | HOBOKEN, NJ 07030 |
| TREAS | FERDINAND JAHNEL | 1166 AVENUE OF THE AMERICAS | NEW YORK, NY 10036 |
| SECRE | CAREY ROBERTS | 1166 AVENUE OF THE AMERICAS | NEW YORK, NY 10036 |

10. E-mail Address: EVELYN.RODRIGUEZ@MMC.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: THOMAS O'KEEFFE 7/7/15 201-284-4782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer CT

REINSTATEMENT
2014-2015

S. HAWKES
JUL -7 A.M.
EXAMINER

# Florida Department of State
## Division of Corporations
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**CORPORATION REINSTATEMENT**
**MARSH & MCLENNAN COMPANIES, INC.**

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