

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000787

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: MARSH EXECUTIVE BENEFITS, INC.

**Current Principal Place of Business:**

1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 13-2618206      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCGINNIS, ROB  
Address: 1776 W LAKES PKWY  
City-St-Zip: WEST DES MOINES, IA 50398

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

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

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

Title: D  
Name: HAGEMANN, PATRICIA  
Address: 1166 AVENUE 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

V.P

04/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date