

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002091

FILED
Apr 26, 2012
Secretary of State

Entity Name: CSFB PRIVATE INSURANCE BROKERAGE LLC

Current Principal Place of Business:

ATTN: CORPORATE TAX DEPT.
11 MADISON AVENUE, 8TH FLOOR
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

ATTN: CORPORATE TAX DEPT.
11 MADISON AVENUE, 8TH FLOOR
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 36-4553646

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCVICKER, MICHAEL
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010 US

Title: V
Name: ROSEMAN, DOUGLAS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: MGR
Name: JONELEIT, CHRISTOPHER
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: MGR
Name: GEARHART, KURT
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: MGR
Name: PETRUCCI, SAM
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010 US

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 Statutes.

SIGNATURE: DOUGLAS ROSEMAN

V

04/26/2012

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