

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004732

FILED
Apr 16, 2010
Secretary of State

Entity Name: MERCER HEALTH & BENEFITS ADMINISTRATION LLC

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3640590 **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: MGRM
Name: SEABURY & SMITH, INC.
Address: 1166 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: P/D
Name: MCGINNIS, ROB
Address: 12421 MEREDITH DR
City-St-Zip: URBANDALE, IA 50398

Title: VP
Name: GIGLIOTTI, JOSEPH P
Address: 121 RIVER ST
City-St-Zip: HOBOKEN, NJ 07030

Title: S
Name: LEHAN, LAWRENCE L
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

Title: AS
Name: LAMAGNA, DONNA L
Address: 1166 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036

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

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: JOSEPH GIGLIOTTI

V.P

04/16/2010

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