2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2011
Secretary of State

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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: BERNIER, TERENCE B
Address: 500 W. MONROE STREET
City-St-Zip: CHICAGO, IL 60661

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 Statues.

SIGNATURE: JOSEPH P. GIGLIOTTI VP 06/17/2011

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