2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004280

FILED
Mar 19, 2015
Secretary of State
CC1158613222

Entity Name: MERCER ME BENEFITS VALUATION SERVICES LLC

Current Principal Place of Business:

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Current Mailing Address:

121 RIVER ST
8TH FL, TAX DEPT
HOBOKEN, NJ 07030

FEI Number: 27-3571605

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MULRAINE-HAZELL, SHERYL P
Address	121 RIVER ST. 8TH FL. TAX DEPT.
City-State-Zip:	HOBOOKEN NJ 07030

Title	DIRECTOR, MANAGER, AUTHORIZED REPRESENTATIVE
Name	GOULET, JACQUES
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	O'BRIEN, MARGARET M
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	TREASURER, MANAGER, AUTHORIZED REPRESENTATIVE
Name	SHAN, HELEN
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MILLER, MARIAN C
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	PRESIDENT/DIRECTOR, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MILLIGAN, PATRICIA
Address	601 MERRITT 7, CORPORATE PARK
City-State-Zip:	NORWALK CT 06856

Title	ASSISTANT SECRETARY, MANAGER, AUTHORIZED REPRESENTATIVE
Name	MENARD, VICKI
Address	544 LAKEVIEW PARKWAY
City-State-Zip:	VERNON HILLS IL 60061

Title	ASSISTANT TREASURER, MANAGER, AUTHORIZED REPRESENTATIVE
Name	FARRELL, KAREN A
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL P. MULRAINE-HAZELL — ASSISTANT VICE PRESIDENT — 03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT TREASURER, MANAGER, AUTHORIZED REPRESENTATIVE
Name	SHARMA, SWATI
Address	1166 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	O'KEEFFE, THOMAS M
Address	121 RIVER ST 8TH FL TAX DEPT
City-State-Zip:	HOBOKEN NJ 07030

Title	ASSISTANT VICE PRESIDENT, MANAGER, AUTHORIZED REPRESENTATIVE
Name	CAMMAROTO, FRANK A
Address	121 RIVER ST 8TH FL TAX DEPT
City-State-Zip:	HOBOKEN NJ 07030