

No. W 33566		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MERCER HEALTH & BENEFITS LLC JOANNE MARSHALL 121 RIVER ST 8TH FL, TAX DEPT HOBOKEN NJ 07030-5704 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MERCER (US) INC	1166 AVE OF THE AMERICAS	NEW YORK	NY	USA	10036	
MANAGER	SHERYL P MULRAINE-HAZELL	121 RIVER ST	HOBOKEN	NJ	USA	07030	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 33566		Signature: Sheryl P. Mulraine-Hazell				Date: 09/18/2015	
		Name (type or print): Sheryl P. Mulraine-Hazell				Title: Asst. Vicde President	
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.					