| No. W 58877 | | Due no later than Feb 29, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------|---|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | CT CORPORATION SYSTEM | | | |
| SECRETARY OF STATE | 1. Mailing A | 1. Mailing Address: Correct in this box if needed. | | 1111 W JEFFERSON STE 530 BOISE ID 83702 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JOSEPH P GIO | MERCER HEALTH & BENEFITS ADMINISTRATION LLC JOSEPH P GIGLIOTTI 121 RIVER STREET 11TH FL. TAX DEPT HOBOKEN NJ 07030 USA | | USA USA | | | |
| | 11TH FL. TAX | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | N 1000 N | | | | | | |
| 4. Limited Liability Companies: Enter | Names and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JOE BARI | | 2610 NORTHGATE DRIVE | IOWA CITY | IA | USA | 52240 | |
| MEMBER SEABURY | & SMITH, INC | 1166 AVENUE OF THE AMERICAS | NEW YORK | NY | USA | 10036 | |
| 5. Organized Under the Laws of: 6. Annual R | | must be signed.* | | | | | |
| DE | Signature: Jos | Signature: Joseph Gigliotti | | Date: 02/29/2012 | | | |
| W 58877 | Name (type or | Name (type or print): Joseph Gigliotti | | Title: VP-S&S Inc Member | | | |
| Processed 02/29/2012 | * Electronically pr | * Electronically provided signatures are accepted as original signatures. | | | | | |