

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211525854

1.) CORPORATION NAME:

Towers Watson Pennsylvania Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F0342354**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 MARKET STREET
CENTRE SQUARE EAST

CITY/ST/ZIP: PHILADELPHIA, PA 19102-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROGER MILLAY
TITLE: VICE PRESIDENT
ADDRESS: 1500 MARKET STREET
CENTRE SQUARE EAST
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-

OFFICER

DIRECTOR

NAME: WALTER BARDENWERPER
TITLE: VICE PRESIDENT
ADDRESS: 1500 MARKET STREET
CENTRE SQUARE EAST
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-

OFFICER

DIRECTOR

NAME: ALEXANDRA N. AGELOFF
TITLE: ASST VP for INS
ADDRESS: 1500 MARKET STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-

OFFICER

DIRECTOR

NAME: ROBERT EICHER
TITLE: ASST VP for INS
ADDRESS: 335 MADISON AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017-

OFFICER

DIRECTOR

NAME: ROBERT HEMMERICH
TITLE: ASST VP for INS
ADDRESS: 1500 MARKET STREET
CENTRE SQUARE EAST
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN LEVENE ASST VP for INS ONE STAMFORD PLAZA 263 TRESSER BLVD STAMFORD, CT 06901-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG J NELSON ASST VP for INS 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL M PERRY ASST VP for INS 1500 MARKET STREET CENTER SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C SPANGLER ASST VP for INS 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER BARDENWERPER SECRETARY 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL FALIS ASST SECRETARY 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KENNEY ASST SECRETARY 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER MILLAY CFO 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN BUCHANAN Global Tax Dir 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL O'BOYLE TREASURER 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM RIGGER ASST TREASURER 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER CHILDS Prin Acctg Ofcr 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONAY CANDITO Ch Info Ofc 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON CLARK CH MKTG OFC 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY PRESIDENT 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM EYRE ASST VP for INS 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC FREEDMAN ASST VP for INS 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KENNEY Compliance OFC 1500 MARKET ST CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL MCKEE CH HR Officer 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE BODNAR Admin Officer 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER CHILDS Controller 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M ALLEN Privacy Officer 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY DIRECTOR 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES FOREMAN DIRECTOR 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY CHAIRMAN 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT CHARLES Mng Director 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENE WICKES Mng Director 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL MORRIS TITLE: Mng Director ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES FOREMAN TITLE: Mng Director ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PATRICIA GUINN TITLE: Mng Director ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GORDON GOULD TITLE: Mng Director ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JULIE GEBAUER TITLE: Mng Director ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ NORMAN BUCHANAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NORMAN BUCHANAN, Global Tax Dir PRINTED NAME AND CORPORATE TITLE	10/27/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.