

1.) CORPORATION NAME:

Towers Watson Pennsylvania Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0342354**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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:	JOHN HALEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1500 MARKET STREET		
CITY/ST/ZIP/CO:	CENTRE SQUARE EAST PHILADELPHIA, PA 19102		

NAME:	ALEXANDRA N. AGELOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	1925 Century Park East Suite 1500		
CITY/ST/ZIP/CO:	Los Angeles, CA 90067		

NAME:	ROBERT D EICHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	335 MADISON AVE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	WILLIAM EYRE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	1500 MARKET STREET		
CITY/ST/ZIP/CO:	CENTRE SQUARE EAST PHILADELPHIA, PA 19102		

NAME:	MARC FREEDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP FOR INS		
ADDRESS:	1500 MARKET STREET		
CITY/ST/ZIP/CO:	CENTRE SQUARE EAST PHILADELPHIA, PA 19102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD HEMMERICH 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:	STEPHEN K 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:	ROGER MILLAY VICE 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:	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:	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:	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:	KAREN M ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIVACY OFFICER		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	ANNE BODNAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ADMIN OFFICER		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	NORMAN BUCHANAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GLOBAL TAX DIR		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	PETER CHILDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRIN ACCTG OFC		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	PETER CHILDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	SHARON CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CH MKTG OFC		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	SCOTT KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COMPLIANCE OFC		
ADDRESS:	1500 MARKET ST CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	GAIL MCKEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CH HR OFFICER		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	ROGER MILLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			
NAME:	JOHN HALEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			

NAME: JAMES FOREMAN TITLE: DIRECTOR ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN HALEY TITLE: DIRECTOR ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN DICK TITLE: CHF INFO OFC ADDRESS: 1500 MARKET STREET CENTRE SQUARE EAST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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	11/7/2012 DATE
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.		