

1.) CORPORATION NAME:

Towers Watson Pennsylvania Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0342354**

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 CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			

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 LOS ANGELES, CA 90067		
CITY/ST/ZIP/CO:			

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

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

NAME:	KIRKLAND L HICKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102		
CITY/ST/ZIP/CO:			

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:	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:	LAWRENCE JAMES RACIOPPO 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:	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:	GORDON GOULD MNG DIR S&CD 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:	JULIE GEBAUER MNG DIR T&R 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:	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:	ANNE BODNAR C.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:	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:	ROBERT CHARLES MNG DIR ASIAPAC 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 DICK CHF 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:	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:	JAMES FOREMAN MNG DIR N/A 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:	PATRICIA GUINN MNG DIR R&FS 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 CEO 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:	KIRKLAND L HICKS GENERAL COUNSEL 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:	KIRKLAND L. HICKS 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:	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:	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:	PAUL MORRIS MNG DIR EMEA 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 M THOMSON 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:	GENE WICKES MNG DIR BENEFIT 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 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:	JAMES FOREMAN DIRECTOR 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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

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	NORMAN BUCHANAN, GLOBAL	11/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TAX DIR	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.