

1.) CORPORATION NAME:

Towers Watson Delaware Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1160854**

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:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 NORTH GLEBE ROAD

CITY/ST/ZIP: ARLINGTON, VA 22203-

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
TITLE: DIRECTOR
ADDRESS: 901 N GLEBE ROAD
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER DIRECTOR

NAME: WALTER BARDENWERPER
TITLE: VICE PRESIDENT
ADDRESS: 901 N GLEBE ROAD
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER DIRECTOR

NAME: MICHAEL O'BOYLE
TITLE: TREASURER
ADDRESS: 901 N GLEBE ROAD
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER DIRECTOR

NAME: ROGER MILLAY
TITLE: VICE PRESIDENT
ADDRESS: 901 N GLEBE ROAD
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

OFFICER DIRECTOR

NAME: MARK MACTAS
TITLE: PRESIDENT
ADDRESS: 875 THIRD AVENUE
16TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10022-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER BARDENWERPER SECRETARY 901 N GLEBE ROAD ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER MILLAY CFO 901 N GLEBE ROAD ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER BARDENWERPER GENERAL COUNSEL 901 N GLEBE ROAD ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN J BUCHANAN GLOBAL TAX DIR 1500 MARKET STREET CENTRE SQUARE EAST PHILADELPHIA, PA 19102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER CHILDS CONTROLLER 901 N GLEBE ROAD ARLINGTON, VA 22203-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ NORMAN J BUCHANAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NORMAN J BUCHANAN, GLOBAL TAX DIR PRINTED NAME AND CORPORATE TITLE	<u>6/14/2011</u> 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.