

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213535676

1.) CORPORATION NAME:

Towers Watson Delaware Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1160854**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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: PRESIDENT & CEO
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: MARK BILDERBACK
 TITLE: ASST VP FOR INS
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: JACKIE DOWD
 TITLE: ASST VP FOR INS
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: ADAM EICHSTADT
 TITLE: ASST VP FOR INS
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: SCOTT KEYES
 TITLE: ASST VP FOR INS
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: ROGER MILLAY
 TITLE: VP & CFO
 ADDRESS: 901 NORTH GLEBE ROAD
 CITY/ST/ZIP/CO: ARLINGTON, VA 22203

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL O'BOYLE TREASURER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM RIGGER ASST TREASURER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M. ALLEN PRIVACY OFFICER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE BODNAR CHIEF ADMIN OFC 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<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:	SHARON CLARK CH MKTG OFC 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DICK CHF INFO OFC 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL FALIS ASST SECRETARY 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KENNEY ASST SECRETARY 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KENNEY COMPLIANCE OFC 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL MCKEE CHF HR OFFICER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES FOREMAN DIRECTOR 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIRKLAND L. HICKS VP, GC & SEC. 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY DIRECTOR 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HALEY CHAIRMAN 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL M THOMSON CONTROLLER 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT D. EICHER ASST VP FOR INS 335 MADISON AVENUE NEW YORK, NY 10017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDRA N. AGELOFF ASST VP FOR INS 1925 CENTURY PARK EAST SUITE 1500 LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC FREEDMAN ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<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:	PAUL M. PERRY ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE JAMES RACIOPPO ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C. SPANGLER ASST VP FOR INS 901 NORTH GLEBE ROAD ARLINGTON, VA 22203	<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/ MICHAEL O'BOYLE	MICHAEL O'BOYLE, TREASURER	7/31/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			