

No. C 201633		Due no later than Mar 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TOWERS WATSON RETIREE INSURANCE SERVICES, INC. ONE STAMFORD PLAZA 263 TRESSER PLAZA STAMFORD CT 06901		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL ARCHER	ONE STAMFORD PLAZA 263 TRESSER PLAZA	STAMFORD	CT	USA	06901	
SECRETARY	CINDY KING	ONE STAMFORD PLAZA 263 TRESSER PLAZA	STAMFORD	CT	USA	06901	
TREASURER	JOHN YIM	ONE STAMFORD PLAZA 263 TRESSER PLAZA	STAMFORD	CT	USA	06901	
DIRECTOR	SHARON DUNN	1500 MARKET STREET CENTRE SQUARE EAST	PHILADELPHIA	PA	USA	19102	
DIRECTOR	GORDON GOULD	555 17TH STREET SUITE 2050	DENVER	CO	USA	80202	
DIRECTOR	ROGER MILLAY	901 N. GLEBE ROAD	ARLINGTON	VA	USA	22203	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 201633		Signature: Nicole Parnell				Date: 02/16/2016	
		Name (type or print): Nicole Parnell				Title: POA	
Processed 02/16/2016		* Electronically provided signatures are accepted as original signatures.					