No. C 201633 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2017 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		2. Registered Agent and Address (NO PO BOX) NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*											
								4. Corporations: Enter	Names and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasurer	(optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
								TREASURER	JOHN YIM		ONE STAMFORD PLAZA 263 TRESSEI PLAZA	STAMFORD	СТ	USA	06901
DIRECTOR	ROGER MILL	AY	901 N. GLEBE ROAD	ARLINGTON	VA	USA	22203								
SECRETARY	CINDY KING		ONE STAMFORD PLAZA 263 TRESSEI PLAZA	R STAMFORD	CT	USA	06901								
PRESIDENT	MICHAEL ARCHER		ONE STAMFORD PLAZA 263 TRESSEI PLAZA	STAMFORD	CT	USA	06901								
DIRECTOR	SHARON DU	NN	1500 MARKET STREET, CENTRE SQU	PHILADELPHIA	PA	USA	19102								
DIRECTOR	ECTOR MICHAEL ARCHER		ONE STAMFORD PLAZA 263 TRESSER PLAZA	STAMFORD	СТ	USA	06901								
5. Organized Under the Laws of: 6. Annua		6. Annual Report must	Annual Report must be signed.*												
DE C 201633		Signature: Kelly Lettmann			Date: 02/15/2017										
		Name (type or print): Kelly Lettmann			Title: POA										
Processed 02/15/2017	7	* Electronically provide	ed signatures are accepted as original sign	natures.											