

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000379

Entity Name: TOWERS WATSON RETIREE INSURANCE SERVICES, INC.**Current Principal Place of Business:**1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102**Current Mailing Address:**1500 MARKET STREET
CENTRE SQUARE EAST
PHILADELPHIA, PA 19102 US**FEI Number:** 46-4486487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY
Name	KING, CINDY
Address	1500 MARKET STREET CENTRE SQUARE EAST
City-State-Zip:	PHILADELPHIA PA 19102
Title	DIRECTOR, PRESIDENT
Name	ARCHER, MICHAEL
Address	1500 MARKET STREET CENTRE SQUARE EAST
City-State-Zip:	PHILADELPHIA PA 19102

Title	DIRECTOR, TREASURER
Name	HODGSON, STEPHEN
Address	1500 MARKET STREET CENTRE SQUARE EAST
City-State-Zip:	PHILADELPHIA PA 19102
Title	VICE PREESIDENT
Name	TRENTAM, BARBARA
Address	26 CENTURY BOULEVARD
City-State-Zip:	NASHVILLE TN 37214

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CINDY KING**SECRETARY****04/24/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date