

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001981 1. Entity Name WATSON WYATT INSURANCE CONSULTING, INC.	
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Principal Place of Business 901 N GLEBE RD STE 600 ARLINGTON, VA 22203	Mailing Address 901 N GLEBE RD STE 600 ARLINGTON, VA 22203
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2288033	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000928896
05/21/08-80046-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NUSSBAUM, TED 4 LANDMARK SQUARE STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MINOGUE, JAMES 901 N GLEBE RD; STE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO AYERS, CLAY 901 N GLEBE RD; STE 600 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, RICHARD J 1001 LAKESIDE AVE STE 1900 CLEVELAND, OH 441141172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08 703-258-7739