

F14000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

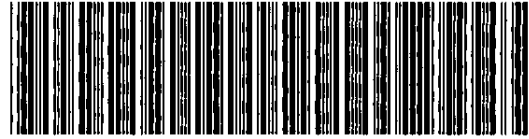
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MD 1/29

**NATIONAL REGISTERED AGENTS,
INC.**

**CORPASSIST, LLC
836 Park Avenue, 3rd Floor
Baltimore, MD 21201
410-225-2995**

**Division of Corporations
Florida Secretary of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

**Please file the attached Application By Foreign Corporation For Authorization
To Transact Business in Florida for Towers Watson Retiree Insurance Services,
Inc.**

I have included the filing fee.

Please return the filed evidence in the enclosed FedEx envelope.

**Please feel free to contact me or e-mail me if you have any questions or
concerns.**

**Thank you in advance,
Kerry L. Shortall
CorpAssist, LLC
836 Park Avenue, 2nd 3rd Floor
Baltimore, MD 21201
410-225-2995
kerry@corpassist.com**



**836 PARK AVENUE
Third Floor
BALTIMORE, MD
21201**

**PHONE (410) 225-2995
FAX (410) 225-2996
E-MAIL kerry@corpassist.com**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Towers Watson Retiree Insurance Services, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kerry L. Shortall
Name of Person
CorpAssist, LLC
Firm/Company
836 Park Avenue
Address
Baltimore, MD, 21201
City/State and Zip code
silvina.vasquez@towerswatson.com
E-mail address: (to be used for future annual report notification) Kerry@corpassist.com

For further information concerning this matter, please call:

Kerry L. Shortall at (410) 225-2995
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. Towers Watson Retiree Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 46-4486487

(FEI number, if applicable)

4. 12/19/2013

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. this company has not transacted business in FL.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Stamford Plaza, 263 Tresser Blvd., Stamford, CT 06901

(Principal office address)

One Stamford Plaza, 263 Tresser Blvd., Stamford, CT 06901

(Current mailing address)

8. Any or all lawful act or activity for which corporations may be organized.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

By: Kerry L. Shortall

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gordon Gould

Address: 555 17th Street

Suite 2050, Denver, CO 80202

Vice Chairman: _____

Address: _____

Director: Roger Millay

Address: 901 N. Glebe Road

Arlington, VA 22203

Director: Sharon Dunn

Address: 1500 Market Street, Centre Square East

Philadelphia, PA 19102

B. OFFICERS

President: Gordon Gould

Address: 555 17th Street

Suite 2050, Denver, CO 80202

Vice President: Mitch Cole

Address: One Stamford Plaza, 263 Tresser Blvd.

Stamford, CT 06901

Secretary: Tyler Green

Address: 901 N. Glebe Road, Arlington, VA 22203

Treasurer: Michael J. O'Boyle

Address: 901 N. Glebe Road, Arlington, VA 22203

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Michael J. O'Boyle
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael J. O'Boyle, Treasurer

(Typed or printed name and capacity of person signing application)

Additional Corporate Officers	
Vice President - John Egner	1500 Market Street, Centre Square East, Philadelphia, PA 19102
Controller - Michael Thomson	1500 Market Street, Centre Square East, Philadelphia, PA 19102
Global Tax Director - Norman Buchanan	1500 Market Street, Centre Square East, Philadelphia, PA 19102

14 JAN 21 PM 12:03
 4100 JEFFERSON BLVD
 PHILADELPHIA, PA 19102

Delaware

The First State

PAGE

14 JAN 21 PM 12:08
STATE OF DELAWARE
DEPARTMENT OF REVENUE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOWERS WATSON RETIREE INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOWERS WATSON RETIREE INSURANCE SERVICES, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5452963 8300

140025776

You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1044059

DATE: 01-09-14