



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000122892

2. Name of Corporation WATSON WYATT INSURANCE CONSULTING, INC.

3. Street Address Principal Business Office:

No. and Street: 901 NORTH GLEBE ROAD, SUITE 600

City or Town: ARLINGTON

State: VA Zip: 22203 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

ACTING AS INSURANCE BROKERS AND INSURANCE AGENCYS AND IN GENERAL TO CARRY ON AS AN INSURANCE AGENCY AND INSURANCE BROKERAGE BUSINESS, BUT NOT TO ENGAGE IN THE BUSINESS OF AN INSURANCE COMPANY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TED NUSSBAUM	901 N GLEBE ROAD ARLINGTON, VA 22203 USA
TREASURER	MICHAEL O BOYLE	901 N GLEBE ROAD ARLINGTON , VA 22203 USA
SECRETARY	JAMES MINOGUE	901 N GLEBE ROAD ARLINGTON, VA 22203 USA
ASSISTANT TREASURER	CLAY AYERS	901 N GLEBE ROAD ARLINGTON , VA 22203 USA
VICE PRESIDENT	RICHARD ADAMS	901 N GLEBE ROAD ARLINGTON , VA 22203 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 14 Day of January, 2010 at 11:32:25 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CLAY AYERS
Signature of Authorized Representative of the Corporation

ASSISTANT TREASURER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2010 State of Rhode Island and Providence Plantations
All Rights Reserved