RI SOS Filing Number: 202035427540 Date: 2/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

**FILED** KM
FEB 2 4 2020
BY 328001835 7

**Annual Report for the year:** 2020
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 001674991 | Oliver Wyman Actuarial Consulting, Inc | | |
| 3. Principal Office Address | City | State | Zip |
| 1166 AVENUE OF THE AMERICAS | NEW YORK | NY | 10036 |
| 4. NAICS Code: 541990 | 6. Brief description of the character of business conducted in Rhode Island: PROVIDE ACTUARIAL CONSULTING SERVICES | | |
| 5. State of Incorporation: DE | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: DAVID FISHBAUM | | | Vice-President Name: FRANK CAMMAROTO | | |
| Street Address: 155 NORTH WACKER DRIVE | | | Street Address: 121 RIVER STREET | | |
| City: CHICAGO | State: IL | Zip: 60606 | City: HOBOKEN | State: NJ | Zip: 07030 |
| Secretary Name: PAULA McGLARRY | | | Treasurer Name: MATTHEW CUNNINGHAM | | |
| Street Address: 1166 AVE OF THE AMERICAS | | | Street Address: 1166 AVE OF THE AMERICAS | | |
| City: NEW YORK | State: NY | Zip: 10036 | City: NEW YORK | State: NY | Zip: 10036 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: DAVID FISHBAUM | | | Director Name: MATTHEW CUNNINGHAM | | |
| Street Address: 155 NORTH WACKER DRIVE | | | Street Address: 1166 AVE OF THE AMERICAS | | |
| City: CHICAGO | State: IL | Zip: 60606 | City: NEW YORK | State: NY | Zip: 10036 |
| Director Name: THOMAS McDONALD | | | Director Name: | | |
| Street Address: TOWER PLACE WEST | | | Street Address: | | |
| City: LONDON EC3R 5BU UK | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1000.00 | CWP/A | 1.0000 |
| | | |

11. 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.

***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***

| Name of Authorized Representative | Date |
|---|---|
| SHERYL MULRAINE-HAZELL | 2/4/2020 |

Signature of Authorized Representative: SIGN DOCUMENT HERE

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FORM 630 - Revised: 10/2017**