


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 010 ***150.00

DOCUMENT # 812975 1. Entity Name WILTON REASSURANCE LIFE COMPANY OF NEW YORK			
Principal Place of Business 435 HUDSON STREET 2ND FLOOR NEW YORK CITY, NY 10014 US		Mailing Address 9920 CORPORATE CAMPUS DR. SUITE 1000 LOUISVILLE, KY 40223 US	
2. Principal Place of Business - No P.O. Box # 16 International Drive Suite, Apt. #, etc. Suite 190		3. Mailing Address 187 Danbury Road Suite, Apt. #, etc. Riverview Building 3rd Flr	
City & State Rye Brook NY		City & State Wilton CT	
Zip 10573		Zip 06897	
Country US		Country US	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SMILOW, DAVID A STREET ADDRESS 435 HUDSON STREET, 2ND FLOOR CITY-ST-ZIP NEW YORK CITY, NY 10014	<input checked="" type="checkbox"/> Delete	TITLE C/1/P/C/O/D NAME Stroup, Charles C. STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TCFO NAME ROGERS, TIMOTHY STREET ADDRESS 435 HUDSON ST 2ND FLOOR CITY-ST-ZIP NEW YORK CITY, NY 10014	<input checked="" type="checkbox"/> Delete	TITLE SUP/CFO/D NAME Fleitz, Michael E. STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C NAME VAPP, JOE STREET ADDRESS 9920 CORPORATE CAMPUS DR., STE 1000 CITY-ST-ZIP LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE SUP/D/Gen'l Counsel NAME Sarlitto, Mark R. STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE GCS NAME HAWLEY, CRAIG STREET ADDRESS 9920 CORPORATE CAMPUS DR STE 1000 CITY-ST-ZIP LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE SUP/O/CPO NAME Greer, Michael L. STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE C/O NAME LAU, DAVID STREET ADDRESS 9920 CORPORATE CAMPUS DR., STE. 1000 CITY-ST-ZIP LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE SUP/C/O/D NAME Treglia, Enrico J. STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME GREENBERG, LAURENCE STREET ADDRESS 9920 CORPORATE CAMPUS DR, STE 1000 CITY-ST-ZIP LOUISVILLE, KY 40223	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Buckner, Robert STREET ADDRESS 187 Danbury Rd. Riverview Bldg. 3rd Flr. CITY-ST-ZIP Wilton, CT 06897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 any address, with all other like empowered.			
SIGNATURE: <i>Michael E. Fleitz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Michael E. Fleitz, VP & Controller 1/31/07</i> <small>Date</small>	
		<i>203-762-4412</i> <small>Daytime Phone #</small>	

ATTACHMENT

60018291

812975

Wilton Reassurance Life Company of New York

Additional Officers

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/T/CONTROLLER
GUERTIN, MICHELE
187 DANBURY RD. RIVERVIEW BLDG. 3RD FLR.
WILTON, CT 06897

VP
SHEEFEL, SCOTT D.
187 DANBURY RD. RIVERVIEW BLDG. 3RD FLR.
WILTON, CT 06897