

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 002 ***150.00

DOCUMENT # 812975

1. Entity Name
WILTON REASSURANCE LIFE COMPANY OF NEW YORK



Principal Place of Business
**6 INTERNATIONAL DRIVE
SUITE 190
RYE BROOK, NY 10573 US**

Mailing Address
**187 DANBURY ROAD
RIVERVIEW BUILDING 3RD FLOOR
WILTON, CT 06897 US**

50002599



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

94-1516991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST
TALLAHASSEE, FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPCE ☐ Delete
NAME STROUP, CHRIS C
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPK ☐ Delete
NAME FEITZ, MICHAEL F
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPD ☐ Delete
NAME SARLITTO, MARK R
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPD ☐ Delete
NAME GREER, MICHAEL L
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPC ☐ Delete
NAME TREGLIA, CARICE J
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☒ Change ☐ Addition
NAME Treglia, Enrico J
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BUCKNER, ROBERT
STREET ADDRESS 187 DANBURY RD RIVERVIEW BLDG 3RD FLR
CITY-ST-ZIP WILTON, CT 06897

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/21/08

Daytime Phone #