

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 802890

Entity Name: WILCAC LIFE INSURANCE COMPANY (CORPORATION)**Current Principal Place of Business:**20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850**Current Mailing Address:**20 GLOVER AVENUE 4TH FLOOR
NORWALK, CT 06850 US**FEI Number:** 36-0947200**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	PONOMAREV, DMITRI E
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	SECRETARY
Name	HARRIGAN, PATRICIA D
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	SVP, CFO
Name	MAK, LAUREN
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	CEO
Name	SHEEFEL, SCOTT
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	SVP, COO
Name	TREGLIA, ENRICO
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN MAK

SVP CFO

01/23/2023

Electronic Signature of Signing Officer/Director Detail_____
Date