2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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, DIRECTOR
Name	STROUP, CHRIS C
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	SVP, GENERAL COUNSEL & SECRETARY, DIRECTOR
Name	SARLITTO, MARK R
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	GREER, MICHAEL L
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

Title	CEO
Name	FLEITZ, MICHAEL E
Address	20 GLOVER AVENUE 4TH FLOOR
City-State-Zip:	NORWALK CT 06850

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

Title	SVP, CFO
Name	LASH, STEVEN D
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: STEVEN LASH SVP, CFO 01/06/2017

Electronic Signature of Signing Officer/Director Detail — Date