

2020 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, DIRECTOR
Name STROUP, CHRIS C
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, GENERAL COUNSEL &
SECRETARY, DIRECTOR
Name SARLITTO, MARK R
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 SENIOR VICE PRESIDENT, DIRECTOR
Name GREER, MICHAEL L
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

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date