2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845188

Entity Name: WASHINGTON INTERNATIONAL INSURANCE COMPANY

FILED
May 01, 2018
Secretary of State
CC8480594576

Current Principal Place of Business:

1450 AMERICAN LANE SUITE 1100 SCHAUMBURG, IL 60173

Current Mailing Address:

5200 METCALF

OVERLAND PARK, KS 66202 US

FEI Number: 36-2860812 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 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 SECRETARY & SENIOR VICE

PRESIDENT

Name KENNY, ELISSA B

Address 175 KING STREET

City-State-Zip: ARMONK NY 10504

Title CHAIRMAN

Name SOLITRO, ROBERT M

Address 5200 METCALF

City-State-Zip: OVERLAND PARK KS 66202

Title VP & APPOINTED ACTUARY

Name LEPERA, GIUSEPPE F

Address 5200 METCALF

City-State-Zip:

Address S200 WET CALI

,

Title CFO AND SENIOR VICE PRESIDENT

OVERLAND PARK KS 66202

Name MALONE, DERYCK

Address 5200 METCALF

City-State-Zip: OVERLAND PARK KS 66202

Title SENIOR VICE PRESIDENT

Name ANDERSON, STEVEN

Address 1450 AMERICAN LANE SUITE 1100

City-State-Zip: SCHAUMBURG IL 60173

Title ASSISTANT SECRETARY

Name SANDITZ, JOSEPHINE D

Address 5200 METCALF AVENUE

City-State-Zip: OVERLAND PARK KS 66202

Title CHIEF EXECUTIVE OFFICER AND

PRESIDENT

Name GONZALEZ, IVAN

Address 1301 AVENUE OF THE AMERICAS

City-State-Zip: NEW YORK NY 10019

Title DIRECTOR

Name BOUTEILLE, SYLVAIN

Address 1301 AVENUE OF THE AMERICAS

City-State-Zip: NEW YORK NY 10019

Continues on page 2

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: DERYCK MALONE

CHIEF FINANCIAL OFFICER

05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MCINERNEY, ELIZABETH Name MILLER, JAMES

Address 175 KING STREET Address 1301 AVENUE OF THE AMERICAS

City-State-Zip: ARMONK NY 10504 City-State-Zip: NEW YORK NY 10019

Title DIRECTOR Title DIRECTOR

Name O'SULLIVAN, SHARON Name VETTER, DANIEL

Address 175 KING STREET Address 1301 AVENUE OF THE AMERICAS

City-State-Zip: ARMONK NY 10504 City-State-Zip: NEW YORK NY 10019