

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845188

Entity Name: WASHINGTON INTERNATIONAL INSURANCE COMPANY**Current Principal Place of Business:**1450 AMERICAN LANE SUITE 1100
SCHAUMBURG, IL 60173**Current Mailing Address:**1200 MAIN STREET SUITE 800
KANSAS CITY, MO 64105 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** 1200 MAIN STREET SUITE 800**City-State-Zip:** KANSAS CITY MO 64105**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**Title** SENIOR VICE PRESIDENT**Name** ANDERSON, STEVEN**Address** 1450 AMERICAN LANE SUITE 1100**City-State-Zip:** SCHAUMBURG IL 60173**Title** VP & APPOINTED ACTUARY**Name** LEPERA, GIUSEPPE F**Address** 1200 MAIN STREET SUITE 800**City-State-Zip:** KANSAS CITY MO 64105**Title** CFO AND SENIOR VICE PRESIDENT**Name** MALONE, DERYCK**Address** 1200 MAIN STREET SUITE 800**City-State-Zip:** KANSAS CITY MO 64105**Title** DIRECTOR**Name** MCINERNEY, ELIZABETH**Address** 175 KING STREET**City-State-Zip:** ARMONK NY 10504**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 MALONECHIEF FINANCIAL
OFFICER

06/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'SULLIVAN, SHARON
Address 175 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name SUMMERVILLE, JEFF
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name LAROCCA, MICHAEL
Address 1301 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10019