

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000865

Entity Name: WILTON REASSURANCE COMPANY

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: 41-1760577

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SVP, COO
Name TREGLIA, ENRICO J
Address 20 GLOVER AVENUE 4TH FLOOR
City-State-Zip: NORWALK CT 06850

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

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

Title PRESIDENT
Name SHEEFEL, SCOTT
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