

FILED

FEB 03 2022

INSURANCE REGULATION
Docketed by: SP



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 291079-22-CO

Application for the Issuance of a Certificate of Authority
to WILTON REASSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") for the issuance of a Certificate of Authority to WILTON REASSURANCE COMPANY ("APPLICANT"), as an authorized foreign insurer, pursuant to Sections 624.401, 624.404, and 624.413, Florida Statutes, to write the (0400) Ordinary Life, Endowment, Term Life, Industrial Life, Individual Annuities, Universal Life; (0405) Individual Variable Annuities, Group Variable Annuities; (0410) Group Life and Annuities; (0420) Variable Life; (0425) Fraternal Life; (0430) Fraternal Health; (0440) Credit Life; (0441) Credit Disability; (0450) Accident and Health; (R400) Reinsurance – Ordinary Life and Annuity; (R405) Reinsurance – Individual/Group Variable Annuities; (R410) Reinsurance – Group Life and Annuity; (R420) Reinsurance – Variable Life; (R440) Reinsurance – Credit Life; (R441) Reinsurance – Credit Disability; and (R450) Reinsurance – Accident and Health lines of insurance in this state ("Application"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.

2. APPLICANT has applied for and, subject to the present and continuing satisfaction of the requirements, term, and conditions established herein, has satisfactorily met all of the conditions precedent to the granting to it of a Certificate of Authority to operate as a foreign insurer in Florida pursuant to the requirements set forth in the Florida Insurance Code.

3. APPLICANT is a foreign life and health insurer domiciled in the state of Minnesota.

4. APPLICANT shall submit, or cause to be submitted, to the OFFICE complete background information for Patricia Harrigan, including Biographical Affidavit, supplemental information, third-party verification report produced by an approved vendor, and fingerprint cards within 90 days of execution of this Consent Order.

5. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT shall cause the removal of said person within 30 days of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes, and the OFFICE may take administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings.

6. Upon the execution of this Consent Order APPLICANT shall no longer have licensure as an Administrator or Accredited Reinsurer in Florida.

7. APPLICANT shall surrender its Certificate of Authority as an Administrator to the OFFICE within 10 days of the execution of this Consent Order.

8. APPLICANT affirms that all information, explanations, representations, statements, and documents provided to the OFFICE in connection with this Application, including all attachments and supplements thereto, are true and correct and fully describe all transactions, agreements, ownership structures, understandings, and control with regard to the formation, licensure, and future operations of APPLICANT. APPLICANT further agrees and affirms that said information, explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.

9. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.

10. APPLICANT affirms that all requirements set forth herein are material to the issuance of this Consent Order.

11. APPLICANT expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings to which APPLICANT may be entitled by law or rules of the OFFICE. APPLICANT hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

12. APPLICANT agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it

deems appropriate upon APPLICANT's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. Each party to this action shall bear its own costs and fees.

14. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signature of the authorized representative of APPLICANT.

WHEREFORE, subject to the requirements, terms, and conditions detailed above, WILTON REASSURANCE COMPANY'S Application for a Certificate of Authority as an authorized foreign insurer is APPROVED.

DONE and ORDERED this 3 day of February, 2022.



David Altmaier

David Altmaier, Commissioner
Office of Insurance Regulation

By execution hereof, WILTON REASSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WILTON REASSURANCE COMPANY to the terms and conditions of this Consent Order.

WILTON REASSURANCE COMPANY

By: [Signature]

Print Name: Enrico J. Treglia

Title: SVP, Chief Operations Officer

Date: February 1, 2022

STATE OF Connecticut

COUNTY OF Fairfield

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this 1st day of February 2022, by Enrico J. Treglia
(name of person)

as SVP, Chief Operations Officer for Wilton Reassurance Company
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

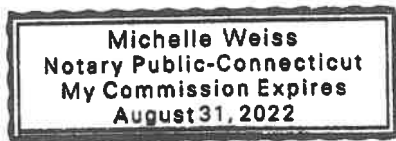
[Signature]
(Signature of the Notary)

Michelle Weiss
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known XX OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: _____



COPIES FURNISHED TO:

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