



OFFICE OF INSURANCE REGULATION

FILED

AUG 02 2022

INSURANCE REGULATION
Docketed by: 893

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 290015-21-CO

WILCAC LIFE INSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by WILCAC LIFE INSURANCE COMPANY (“WILCAC”), which was formerly known as Wilco Life Insurance Company (“Wilco”), to use previously approved Wilco forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION (“OFFICE”), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. WILCAC is a foreign life and health insurer domiciled in the state of Illinois and authorized to transact insurance business in Florida.
3. Effective December 31, 2020, Wilco merged with and into WILCAC. All contractual obligations of Wilco under a Policy, Certificate, Contract, or Agreement previously issued in Florida will now be provided by WILCAC. In all other respects, the coverage under a Policy, Certificate, Contract, or Agreement previously issued in Florida remains the same.
4. In conjunction with the request to use previously approved Wilco forms, WILCAC has filed with the OFFICE a “Merger/Name Change Endorsement” (form number WCAC21P001),

which reflects the merger of Wilco with and into WILCAC. The endorsement is attached as Exhibit A.

5. As a material condition to approval of the above request, WILCAC, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Wilco in Florida comply with applicable provisions of the Florida Insurance Code. WILCAC further certifies that the only change required to achieve compliance prospectively is the substitution of the name WILCAC in lieu of Wilco and the only change in the forms is the name, address, or logo. If the above certification is not correct, WILCAC acknowledges that such misrepresentations may be considered willful and penalties assessed accordingly.

6. Attached as Exhibit B is the list of all policy forms WILCAC will modify with the name change.

7. WILCAC shall mail to each of its insureds a copy of the Merger/Name Change Endorsement. WILCAC may continue to sell the old policy forms, with the Merger/Name Change Endorsement, for a period of 90 days after the date this Consent Order is executed by the OFFICE. During the 90-day time period allowed by this paragraph, WILCAC shall reprint the policy forms contained in Exhibit B containing the new corporate name. After 90 days from the date this Consent Order is executed by the OFFICE, WILCAC shall only sell policy forms containing the new company name and is not authorized to sell previously approved policies containing the old information with a merger and name change endorsement affixed.

8. WILCAC shall pay administrative costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. WILCAC shall send payment for the administrative costs to the payment address on the attached invoice.

9. WILCAC shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

10. WILCAC agrees that 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 written approval by the OFFICE is subject to statutory or administrative regulation limitations.

11. WILCAC 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 WILCAC's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

12. WILCAC expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. WILCAC hereby knowingly and voluntarily waives all rights of any kind 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.

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

14. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

15. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized

representative of WILCAC, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, WILCAC agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between WILCAC LIFE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use the previously approved Wilco Life Insurance Company forms, without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 2 day of August, 2022.



David Altmaier
David Altmaier, Commissioner
Office of Insurance Regulation

By execution hereof, WILCAC LIFE INSURANCE 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 WILCAC LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.

WILCAC LIFE INSURANCE COMPANY

(Corporate Seal)

By: [Signature]
Print Name: Enrico Treglia
Title: SVP, Chief Operating Officer
Date: July 12, 2022

STATE OF Connecticut

COUNTY OF Fairfield

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 12 day of July 2022, by Enrico Treglia (name of person) as Group Chief Operations Officer for Wilcac Life Insurance Company (type of authority; e.g., officer, trustee, attorney in fact) (company name)

[Signature]
(Signature of the Notary)

Donna Carlsounis
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced

My Commission Expires:

Donna Carlsounis
Notary Public-Connecticut
My Commission Expires
August 31, 2025

COPIES FURNISHED TO:

WES STRICKLAND, ESQ., Shareholder
Colodny Fass
119 East Park Avenue
Tallahassee, FL 32301
Email: wstrickland@colodnyfass.com

JOHN REILLY, Deputy Commissioner
Life & Health
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-0329

JAMES DUNN, Director
Life & Health Product Review
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, FL 32399-0329

SHANNON DOHENY, Assistant General Counsel
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0329
Phone: (850) 413-5110
Email: Shannon.Doheny@flor.com

WILCAC LIFE INSURANCE COMPANY

A Stock Company

[20 Glover Avenue, 4th Floor, Norwalk, Connecticut 06850]

(Hereinafter called: the Company, We, Our or Us)

APPROVED

Date Received:

05/24/2022

Date Of Action:

06/06/2022

FLORIDA OFFICE OF INSURANCE REGULATION

Administrative Office:

[P.O. Box 305017, Nashville, TN 37230-5017]

Customer Service:

[Life Phone: 844-877-6907

Annuity Phone: 844-877-6907

Health Phone: 800-541-2254

Fax Number: 844-606-0775]

MERGER / NAME CHANGE ENDORSEMENT

Effective December 31, 2020, Wilco Life Insurance Company was merged into Wilcac Life Insurance Company. After this date, all references in your Policy(ies) and/or Certificate(s) to Wilco Life Insurance Company are changed to Wilcac Life Insurance Company. As a result of the merger, Wilcac Life Insurance Company has assumed all of Wilco Life Insurance Company's liabilities and obligations to its policyholders.

All correspondence and inquiries concerning premium payments, policy information, coverage information, policy changes, complaints, and notices of claims may be addressed to the Administrative Office listed above, or called to the Customer Service line, the numbers for which are listed above.

Your rights as a Policyholder or Certificate holder will not be affected by this merger. The terms and conditions of your Policy(ies) and/or Certificate(s) will remain the same.

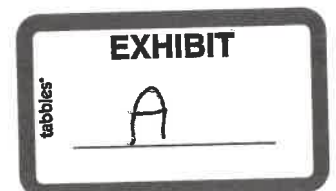
This endorsement forms a part of your insurance Policy(ies) or Certificate(s) issued to you by Wilco Life Insurance Company and should be attached to such Policy(ies) or Certificate(s).

In witness whereof, Wilcac Life Insurance Company has caused this Endorsement to be signed by its CEO and Secretary.

[Michael Fleitz]
[CEO]

[Patricia Harrigan]
[Secretary]

WCAC21P001 FL



**CONSECO LIFE INSURANCE COMPANY
KNOWN ACCIDENT ONLY
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
10469
10501
5133
7600



**CONSECO LIFE INSURANCE COMPANY
KNOWN ACCIDENTAL DEATH AND DISMEMBERMENT
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
10298-DIP
U3337
2002

**CONSECO LIFE INSURANCE COMPANY
KNOWN ANNUITY
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
1F0371-11/95
1F0372-11/95
2375A
2F0002
2F0004
2F0032
2F0250
2F0256
2F0258
2F0371
65-614
67-625
81-FRA
APRA-90
EF-1403-10-83
F0482
F0488
FPDA-90
FPDA-92
FPRA
GP-FA1-91
GP-FA2-91
GP-SA1-91
PH-1900

**CONSECO LIFE INSURANCE COMPANY
KNOWN DISABILITY INCOME
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
A-2FD126
NC-DI

**CONSECO LIFE INSURANCE COMPANY
KNOWN HOSPITAL INDEMNITY
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
0512
0762
10756
S114
S116
S134
S172
8955
HI-69

**CONSECO LIFE INSURANCE COMPANY
KNOWN HOSPITAL SURGICAL
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
HD

**CONSECO LIFE INSURANCE COMPANY
KNOWN INTENSIVE CARE
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
5132

**CONSECO LIFE INSURANCE COMPANY
KNOWN LIFE
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
(LT-P)-2-48
(M.M-N)-9-48
0-213
100
100 (6-64)
1001
10031
101
10327
10344
10360
10414
10415
10421
10422 08/80
10512
10518
10578
1063
1063P
1066
1066P
10855
10858
11019
111-1-48
1144-501
1163
1210
1215
1217
122
1225
1231
125H
131
131-1-40

POLICY FORM NUMBER
131-1-48
1314
132-12-48
135-1-48
14
1408-R3/88
143
1564-V1
2
201
202-8107
204-8401
205-8401
206-8401
208-1
209-8507
210-8607
211-57
211-L85-V-56
212-57
218-1
220-8801
221-8801
222-8801
223-8907
224-9006
225-9006
226-9011
230-9202
231-1-48
231-57
231-9202
231-120-57
232-9205
233-9210
234-9301
235-9301

**CONSECO LIFE INSURANCE COMPANY
KNOWN LIFE
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
2365
238-9406
24503-9501
24703-9501
25101-9506
25301-9604
25601-9701
25701-9709
2F01101089
2F01971091
2F02811092
2GL65
3019
3060-7-
30774
311-1-40
3-158
32401-9608
401-8001 (1)
432-60
432-60F
432-60-F
432-60-M
5835
63-131
65-111
65-131
65-232
65-332
65-435
67-160
68-130
69-200
702
7-3048AV
74-175
75-100
75-104
75-110

75-121
POLICY FORM NUMBER
75-121-A
75-210
75-300
78-105
79-155
80-112
80-114
80-155
80-1W3
80655
80-AVG
81-FU
83-180
83-FL2
84-8EF
A5801
A5802
A5805
A5819
a5834
A6020
ATL-GLI-87
ATL-WL-87
ATL-WLB-92
BL03
BL04
BL05
BL06
BRUNF-86
BRUNF-89
BRUNF-92
BRUNF-94
CDP-500
CLIC-1001
CLIC-1002
CLIC-1003
CLIC-1004
CLIC-3001

**CONSECO LIFE INSURANCE COMPANY
KNOWN LIFE
FLORIDA POLICY FORMS**

CLIC-3002
CLIC3002EE
POLICY FORM NUMBER
CLIC3004
CLIC-3006
CLIC-3008
CLIC-3009
CLIC-3011
CLIC3012FL
EF1189-681
EF-1374-3/83 (certificate only)
EF13772/83
EF-1397-2/84
EF14087/84
EF-1442784
END-91
F0014-9/85
F0064-9/86
F0356 1/89
F1-49
FPL90
FPL-91
FPL-92
GP-83
GP-94
GP-PEN-87
J-211-57
J231-1-48
JUNL-91
JUNL-92
JUNL-94
JWL-92
L1019
L1053F
L10540PF
L-151
L-3-48
L-601
L602
L8521TRC

LA0076
LA0080
LA0085
POLICY FORM NUMBER
LA0088
LA0088/UNF-86
LA0097
L80070
LD0082
LL20-NQ-60
LP-3A
LS0087
LT895
MGLI3000
MGLI-3000
MGLI-3002
MGLI-3005
MOD3-WL
MP -2
MTUL20-96
MTUL30-96
MWL-94
NP-5-86
NP-78
NP-81
NP-82
NP-82-LP-95
NP-83
NP-END-86
NP-WL-86
NP-WL-92
NP-WL-94
Q213
OL-99
P111-57
P131-58
P-201
P231-L65-57
P-231-L90-60
P-33

**CONSECO LIFE INSURANCE COMPANY
KNOWN LIFE
FLORIDA POLICY FORMS**

P-36
PA0103
PR131-V-56
SIGN 600
POLICY FORM NUMBER
SIGN 700
SIGN700II
SIGN700III
SP-86
SPEC-86
SUNF-86
SUNF-91
SUNF-92
SUNF-94
SUNL90
SUNL91
T-86
TVL84
U3035
U3035A
U-3048AV
U3050AV
U-3075
U-3199
U-3213
U-3245
U3251
UL01
UL01E
UL03
UN-84
UNF-86
UNF-91
UNF-92
UNF-94
Unknown
UNL-90
UNL-91
UP600
UP66100

UP66200
UP67101
UP67601
UP69320
UP71310
POLICY FORM NUMBER
UP71310/402-8006
UP71710
UP71730
UP73065
UP73100
UP73300 R/UP76300
UP75199
UP75199/UP76199
UP75310
UP75399
UP76100
WL NP
WL-94

**CONSECO LIFE INSURANCE COMPANY
KNOWN LONG TERM CARE
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
F0376-4/89B

**CONSECO LIFE INSURANCE COMPANY
KNOWN MAJOR MEDICAL
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
67-11
GMM65-0275
MM-70

**CONSECO LIFE INSURANCE COMPANY
KNOWN MEDICARE SUPPLEMENT
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
5151
MS CAT
MS MS-2
MS MS-92
UG 261
UG 262
UG 263

**CONSECO LIFE INSURANCE COMPANY
KNOWN SPECIFIED DISEASE
FLORIDA POLICY FORMS**

POLICY FORM NUMBER
10054
10212
10213
10216
10330
10432
10440
10536
10625/0627
10632
10633
10678
10781
10782
10830
10881
10885
10892
11017-FL
5137
7002
FW100
10357
10819
10895
EAH-111
7003