

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828190

**Entity Name:** DELAWARE LIFE INSURANCE COMPANY**Current Principal Place of Business:**1601 TRAPELO ROAD, SUITE 30  
WALTHAM, MA 02451**Current Mailing Address:**1601 TRAPELO ROAD, SUITE 30  
WALTHAM, MA 02451 US**FEI Number:** 04-2461439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
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 SVP AND GENERAL COUNSEL AND  
SECRETARY  
Name BLOOM, MICHAEL S  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR  
Name SAMS, JR. , DAVID E  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title COO  
Name PURVIS, JAMES D  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title SVP, HUMAN RESOURCES  
Name WILCON, MICHELLE B  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title SVP AND CHIEF ACCOUNTING  
OFFICER AND TREASURER  
Name MORAN, MICHAEL K  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, CEO AND PRESIDENT  
Name TOWRISS, DANIEL J  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title SVP, INFORMATION TECHNOLOGY  
AND OPERATIONS  
Name SABATINO, ROBERT  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

Title CHIEF INVESTMENT OFFICER  
Name KENNEY, ANDREW F  
Address 1601 TRAPELO ROAD, SUITE 30  
City-State-Zip: WALTHAM MA 02451

**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: MICHAEL S. BLOOM****SECRETARY****01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 CULLEN, DENNIS A  
Address             1601 TRAPELO ROAD, SUITE 30  
City-State-Zip:   WALTHAM MA 02451

Title                   SVP, CHIEF ACTUARY  
Name                 AKIN, VICTOR A  
Address             1601 TRAPELO ROAD, SUITE 30  
City-State-Zip:   WALTHAM MA 02451