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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

820753

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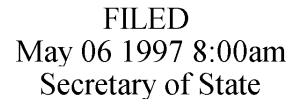
DELAWARE AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailir
ONE ALICO PLAZA	PO B

Mailing Address

PO BOX 667

WILMINGTON DE 19899-0667





		WIEMITO GTT 92 10000 0001	•		
				 Date Incorporated or Qualified 09/28/1967 	3a. Date of Last Report 07/22/1996
	lace of Business	2a. Mailing Address	el an ad	4. FEI Number	Applied For
Sulte, Apt.	# ole	26 70 Pine. Suite, Apt. #, etc.	street	51-0104167	Not Applicable
22		トラスへいか トリ	Or	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	€	City & State 28 New York	λſV	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Zip	Country	Trust Fund Contribution	7,0000 10 1 003
24	25	29 10270 3		8. This corporation has liability for Florida Statutes	Intangible tax binder s. 199.032, Yes 기 No
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Re	<u> </u>
FLO	RIDA INSURANCE COMMISSIONE	R	81 Name		
CAF	PITOL BLOG		82 Street	Address (P.O. Box Number is Not Acceptate	210)
TAL	LAHASSEE FL 32399-0300		02 Stides	Address (F.O. Box Number is Not Acceptate	жој
	•		83		
			84 City		 85 Zip Code
					┣ ┃┆ │ `
11. Pursuant i office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida, Such change was aut	, the above-named	corporation submits this statement for the population's board of directors. I hereby acceptances	ourpose of changing its registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.	portation o board or directions. Thereby accept	or the appointment as registered
SIGNATURE	Control				
12,	Signature, typod or printed name of registered agent OFFICERS AND		tegistered Agent signature	e required which reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE PEDS AND DIDECTORS IN 10
TITLE	C	DELETE	1.1 TITLE	15	Change X Addition
NAME	STEMPEL, ERNEST E		1.2 NAME	Fuck, Elizabeth	M Shangs Particulation
STREET ADDRESS	70 PINE ST		1.3 STREET ADDRESS	no Pine Street	, -
CITY-ST-ZIP	NEW YORK NY 10270		1.4 City-St-ZIP	New York, NY 102	רודי
TITLE	PD	☐ DELETE	2.1 TITLE	101 101	Change Addition
NAME	O'CONNELL, ROBERT J		2.2 NAME		
STREET ADDRESS	80 PINE ST, 13TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		2. 4 CITY - \$1 - ZIP		
TITLE	VD	DELETE	3.1 THLE		Change Addition
NAME	WYNDORF, GERALD W		3.2 NAME		ļ
STREET ADDRESS	80 PINE ST, 13TH FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		3.4, CITY-ST-ZIP		
TITLE	ADMO CDECODY A	DELETE	4.1 TITLE		Change Addition
NAME	ARMS, GREGORY A		4. 2 NAME		
STREET ADDRESS	80 PINE ST, 13TH FLOOR NEW YORK NY 10005		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	V TON NY 1000	DELETE	4.4 C(1Y-S1-Z)P		
NAME	BAMBRICK, JAMES A	L DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS	ONE ALICO PLAZA		5.2 NAME		
CITY-ST-ZIP	WILMINGTON DE 19899		5.3 STREET ADDRESS		
TITLE	V	D DELETE.	5.4 CHY-S1-ZIP 6.1 THLE		Change Addition
NAME	CHEN, RAYMOND T	L Officer.	6.2 NAME		LT Gridinge LT Audition
STREET ADDRESS	80 PINE ST, 13TH FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005				
0111-31+ZIF	11917 101111111 10000		6.4 CITY - ST - ZIP	I	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

MONATURE Y/SIGNATURE DA ORRI

4 m as 100) 770 - 1