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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **820753** **(2)**

1. Corporation Name
DELAWARE AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE ALICO PLAZA WILMINGTON DE 19801	PO BOX 667 WILMINGTON DE 19899-0667

2. Principal Place of Business 21	2a. Mailing Address 26 70 Pine Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 30th Floor
City & State 23	City & State 28 New York, NY
Zip / Country 24 / 25	Zip / Country 29 10270 / 30

3. Date Incorporated or Qualified 09/28/1967	3a. Date of Last Report 07/22/1996
4. FEI Number 51-0104167	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	STEMPEL, ERNEST E		1.2 NAME	Tuck, Elizabeth M	
STREET ADDRESS	70 PINE ST		1.3 STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	NEW YORK NY 10270		1.4 CITY-ST-ZIP	New York, NY 10270	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ 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-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WYNDORF, GERALD W		3.2 NAME		
STREET ADDRESS	80 PINE ST, 13TH FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMS, GREGORY A		4.2 NAME		
STREET ADDRESS	80 PINE ST, 13TH FLOOR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAMBRICK, JAMES A		5.2 NAME		
STREET ADDRESS	ONE ALICO PLAZA		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19899		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHEN, RAYMOND T		6.2 NAME		
STREET ADDRESS	80 PINE ST, 13TH FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10005		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: [illegible] 4-29-97 (212)770-7000