

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # 820753

1. Entity Name

DELAWARE AMERICAN LIFE INSURANCE COMPANY

FILED

00 JUL -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE ALICO PLAZA
WILMINGTON DE 19801

Mailing Address

70 PINE ST.
30TH FLOOR
NEW YORK NY 10270-3099
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0104167

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399-0300

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NOTTINGHAM, KENDALL ONE ALICO PLAZA WILMINGTON DE 19809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNELL, ROBERT J 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNDORF, GERALD W 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMS, GREGORY A 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAMBRICK, JAMES A ONE ALICO PLAZA WILMINGTON DE 19899	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, RAYMOND T 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

5
TUCK, Elizabeth
70 Pine Street
New York, NY 10270

LS

700003317517-12

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 770-7000

CR200.14 (9/89)

202



ACCOUNT NO. : 072100000032

REFERENCE : 755506 4320171

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 550.00

ORDER DATE : July 6, 2000

ORDER TIME : 4:34 PM

ORDER NO. : 755506-190

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
American International Group,
70 Pine Street
27th Floor
New York, NY 10270

ANNUAL REPORT FILING

NAME: DELAWARE AMERICAN LIFE
INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

EXAMINER'S INITIALS: _____

RECEIVED
00 JUL -7 PM 4:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA