		1 oo nequired
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
	Name	
FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG	Street Address (P.O. Box Number is Not Acceptable)	
ALL'AHASSEE FL 32399-0300	City	FL Zip Code

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND/DIRECTORS IN 11 TITLE CD TITLE □ Delete ☐ Addition NAME NOTTINGHAM, KENDALL NAME STREET ADDRESS ONE ALICO PLAZA STREET ADDRESS CITY-ST-ZIP **WILMINGTON DE 19809** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 400005418924 NAME TUCK, ELIZABETH NAME STREET ADDRESS **70 PINE STREET** STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10270** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME WYNDORF, GERALD W NAME STREET ADDRESS 80 PINE ST. 13TH FLOOR STREET ADDRESS CITY-ST-7IP NEW YORK NY 10005 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ <u>Cha</u>nge ☐ Addition NAME ARMS, GREGORY A NAME STREET ADDRESS 80 PINE ST, 13TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10005 TITLE Delete TITLE ☐ Change ☐ Addition NAME BAMBRICK, JAMES A NAME STREET ADDRESS ONE ALICO PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wilmington de 19899 TITLE ☐ Delete TITLE

13. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CHEN, RAYMOND T

NEW YORK NY 10005

80 PINE ST, 13TH FLOOR

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

Signature, type

or printed name of registered agent and title if applicable.

☐ Change

☐ Addition





ACCOUNT NO. : 07210000032

REFERENCE : 556901 4320171

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: April 30, 2002

ORDER TIME : 11:51 AM

ORDER NO. : 556901-165

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 30th Floor

New York, NY 10270



ANNUAL REPORT FILING

NAME:

DELAWARE AMERICAN LIFE

INSURANCE COMPANY

<u>XX</u>	ANNUAL	REPORT
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: