

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 820753

1. Entity Name
DELAWARE AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business
2727 ALLEN PARKWAY
HOUSTON, TX 77019

Mailing Address
70 PINE ST.
30TH FLOOR
NEW YORK, NY 10270 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0104167

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP ☐ Delete
NAME MARTIN, RODNEY O
STREET ADDRESS 2727 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

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

TITLE S ☐ Delete
NAME TUCK, ELIZABETH
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, NY 10270

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

TITLE TD ☐ Delete
NAME HERBERT, ROBERT F
STREET ADDRESS 2727 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

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

TITLE V ☐ Delete
NAME ARMS, GREGORY A
STREET ADDRESS 80 PINE ST, 13TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10005

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

TITLE D ☐ Delete
NAME SULLIVAN, MARTIN J
STREET ADDRESS 70 PINE STREET
CITY-ST-ZIP NEW YORK, NY 10270

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

TITLE DC ☐ Delete
NAME DIETZ, DAVID
STREET ADDRESS 2727 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON, TX 77019

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Martin J. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 APR 2004 10:44 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 598287 4320171

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2004

ORDER TIME : 10:22 AM

ORDER NO. : 598287-215

CUSTOMER NO: 4320171

CUSTOMER: Bernadette Colon
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

ANNUAL REPORT FILING

NAME: DELAWARE AMERICAN LIFE
INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 29 PM 1:12
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA