

2007 FOR PROFIT CORPORATION ANNUAL REPORT

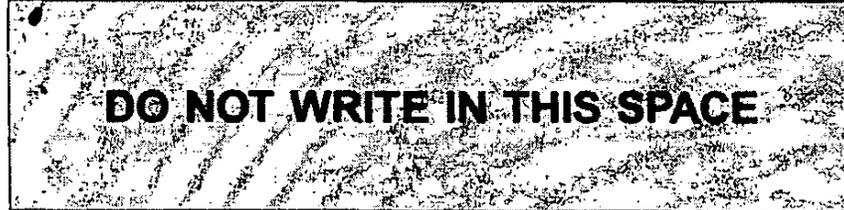
FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90024 037 ***158.75

DOCUMENT # 820753
 1. Entity Name
DELAWARE AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business 2727 ALLEN PARKWAY HOUSTON, TX 77019	Mailing Address 2727-A ALLEN PARKWAY P.O. BOX 1591 HOUSTON, TX 77251 US
--	---



40120000 -



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0104167	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE, FL 32399-0300**



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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

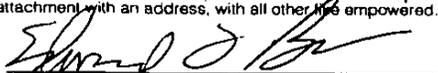
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MARTIN, RODNEY O JR 2727 ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCK, ELIZABETH M 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC HERBERT, ROBERT F 2727 ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFP FORTIN, MARY JANE B 2727 ALLEN PKWY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, GARY D 2929 ALLEN PARKWAY HOUSTON, TX 77019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, DAVID L VP 70 PINE ST Edward F. Bacon NEW YORK, NY 10288 2727-A Allen Parkway Houston, TX 77019



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 names empowered.

SIGNATURE:  Edward F. Bacon July 6, 2007 713 831-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #