

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 820753

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** DELAWARE AMERICAN LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2727 ALLEN PARKWAY  
HOUSTON, TX 77019

**New Principal Place of Business:**

**Current Mailing Address:**

2727-A ALLEN PARKWAY  
P.O. BOX 1591  
HOUSTON, TX 77251 US

**New Mailing Address:**

1095 AVENUE OF THE AMERICAS  
TAX DEPARTMENT - MSC-15017  
NEW YORK, NY 10036 US

**FEI Number:** 51-0104167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE, FL 323990300 US

**Name and Address of New Registered Agent:**

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:** FLORIDA INSURANCE COMMISSIONER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DCEO  
**Name:** TOPPETA, WILLIAM J  
**Address:** 1095 AVENUE OF THE AMERICAS  
**City-St-Zip:** NEW YORK, NY 10036 US

**Title:** S  
**Name:** REYNOLDS, TYLA L  
**Address:** 600 NORTH KING STREET  
**City-St-Zip:** WILMINGTON, DE 19801 US

**Title:** TSVP  
**Name:** GOULART, STEVEN J  
**Address:** 1095 AVENUE OF THE AMERICAS  
**City-St-Zip:** NEW YORK, NY 10036 US

**Title:** CFO  
**Name:** BUTLER, RICHARD A  
**Address:** 5950 AIRPORT ROAD  
**City-St-Zip:** ORISKANY, NY 13424 US

**Title:** D  
**Name:** GOULART, STEVEN J  
**Address:** 1095 AVENUE OF THE AMERICAS  
**City-St-Zip:** NEW YORK, NY 10036 US

**Title:** VP  
**Name:** REYNOLDS, TYLA L  
**Address:** 600 NORTH KING STREET  
**City-St-Zip:** WILMINGTON, DE 19801 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TIMOTHY J. MCLINDEN, (METLIFE)

VP

03/22/2011

Electronic Signature of Signing Officer or Director

Date