

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820753

FILED
Apr 10, 2012
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:

1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

Current Mailing Address:

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

New Mailing Address:

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: _____

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: VPS
Name: TORRES, ISAAC
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: TSVP
Name: DEBEL, MARLENE B
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: CAO
Name: THOMAS, KENNETH
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: D
Name: LATRENTA, NICHOLAS D
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 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: ISAAC TORRES

VPS

04/10/2012

Electronic Signature of Signing Officer or Director

Date