2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

0660961 AB

DOCUMENT # 820753

1. Entity Name
DELAWARE AMERICAN LIFE INSURANCE COMPANY

FILED
03 APR 29 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE ALICO PLAZA WILMINGTON DE 19801	70 PINE ST. 30TH FLOOR NEW YORK NY 10270 US

☑ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
2727 Allen Parkway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Houston, TX	City & State
Zip: 77019 Country	Zip Country

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NOTTINGHAM, KENDALL ONE ALICO PLAZA WILMINGTON DE 19809	☒ Delete	DCP Martin, Rodney O. 2727 Allen Parkway Houston, TX 77019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TUCK, ELIZABETH 70 PINE STREET NEW YORK NY 10270	elete	70001735011 7	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WYNDORF, GERALD W 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☒ Delete	T Herbert, Robert F. 2727 Allen Parkway Houston, TX 77019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARMS, GREGORY A 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BAMBRICK, JAMES A ONE ALICO PLAZA WILMINGTON DE 19899	☒ Delete	D Sullivan, Martin J. 70 Pine Street New York, NY 10270	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHEN, RAYMOND T 80 PINE ST, 13TH FLOOR NEW YORK NY 10005	☒ Delete	DC Dietz, David 2727 Allen Parkway Houston, TX 77019	☐ Change ☒ Addition

CR2E034 (10/02)

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 REQUIRED 4/22/03 (212)770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 073052 4320171 Patricia Piggott

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : April 29, 2003

ORDER TIME : 11:20 AM

ORDER NO. : 073352-175

CUSTOMER NO: 4320171

CUSTOMER: Ms. Nancy Wong
American International Group,
30th Floor, 70 Pine Street
- Corporate
New York, NY 10270

RECEIVED
03 APR 29 PM 4:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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#1114

EXAMINER'S INITIALS: _____