SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **829977** **(8)**

1. Corporation Name

GOLDEN AMERICAN LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
1001 JEFFERSON ST. SUITE 400 WILMINGTON DE 19801 US	1001 JEFFERSON ST. SUITE 400 WILMINGTON DE 19801 US

3. Date Incorporated or Qualified: **04/24/1973**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **41-0991508** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type/print name of registered agent, and title, if applicable) (NOTE: Registered Agent's signature required when name is changed.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KENDALL, TERRY L.	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☐ DELETE
NAME	BECKERLEGGE, BERNARD R.	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	XX DELETE
NAME	HERRON, JOHN J	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	MARIN, RICHARD A BANKERS	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	☐ DELETE
NAME	JACOBSON, DAVID L.	
STREET ADDRESS	1001 JEFFERSON STREET, STE. 400	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		XX Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1001 Jefferson St., Suite 400	
14 CITY-ST-ZIP	Wilmington, Delaware 19801	
21 TITLE		XX Change ☐ Addition
22 NAME	Myles R. Tashman	
23 STREET ADDRESS	1001 Jefferson Street, Suite 400	
24 CITY-ST-ZIP	Wilmington, Delaware 19801	
31 TITLE	D	☐ Change XX Addition
32 NAME	Paul Daniel Borge	
33 STREET ADDRESS	One Bankers Trust Plaza	
34 CITY-ST-ZIP	New York City, New York 10006	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **June 17, 1996** **(302)576-3404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David L. Jacobson, Senior Vice President