

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829977 (8)
1. Corporation Name
GOLDEN AMERICAN LIFE INSURANCE COMPANY



Principal Place of Business 1001 JEFFERSON ST. SUITE 400 WILMINGTON DE 19801 US	Mailing Address 1001 JEFFERSON ST. SUITE 400 WILMINGTON DE 19801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1973	3a. Date of Last Report 06/27/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 41-0991508	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

THE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

81 Name	10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KENDALL, TERRY L.	1.2 NAME	
STREET ADDRESS	1001 JEFFERSON ST, STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	TASHMAN, MYLES R	2.2 NAME	
STREET ADDRESS	1001 JEFFERSON ST, STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	HERRON, JOHN J	3.2 NAME	
STREET ADDRESS	280 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MARIN, RICHARD A BANKERS	4.2 NAME	
STREET ADDRESS	280 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	☒ Change ☐ Addition
NAME	JACOBSON, DAVID L.	5.2 NAME	
STREET ADDRESS	1001 JEFFERSON STREET, STE. 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BORGE, PAUL D	6.2 NAME	
STREET ADDRESS	ONE BANKERS TRUST PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY	6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE _____ DATE 9/18/97

CR2E034 (4/97)