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Secretary of State
04-25-1999 90036 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **829977**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/24/1973

2. Principal Place of Business	2a. Mailing Address
21 1475 Dunwoody Drive	26 1475 Dunwoody Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Chester PA	28 City & State: West Chester PA
24 Zip: 19380 25 Country: US	29 Zip: 19380 30 Country: US

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	KENDALL, TERRY L.		1.2 NAME	Barnett Cherney	
STREET ADDRESS	1001 JEFFERSON ST, STE 400		1.3 STREET ADDRESS	1475 Dunwoody Drive	
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-ST-ZIP	West Chester, PA 19380	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TASHMAN, MYLES R		2.2 NAME		
STREET ADDRESS	1001 JEFFERSON ST, STE400		2.3 STREET ADDRESS	1475 Dunwoody Drive	
CITY-ST-ZIP	WILMINGTON DE		2. 4 CITY-ST-ZIP	West Chester, PA 19380	
TITLE	T	☒ DELETE	3.1 TITLE	Chief Accounting Officer	☒ Change ☐ Addition
NAME	HARGENS, DENNIS		3.2 NAME	Michellen A. Wildin	
STREET ADDRESS	909 LOCUST ST		3.3 STREET ADDRESS	909 Locust Street	
CITY-ST-ZIP	DESMOINES IA		3.4. CITY-ST-ZIP	Des Moines, Ia. 50309	
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	JACOBSON, DAVID L.		4. 2 NAME		
STREET ADDRESS	1001 JEFFERSON STREET, STE. 400		4.3 STREET ADDRESS	1475 Dunwoody Drive	
CITY-ST-ZIP	WILMINGTON DE		4.4 CITY-ST-ZIP	West Chester, PA 19380	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with another like empowered.

SIGNATURE: Michellen A. Wildin REQUIRED — 4/17/99 — 515-698-7503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)