FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90131 041 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B29977 ✓

1. Entity Name

Golden American Life Insurance Company

975062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1475 Dunwoody Drive	1475 Dunwoody Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Chester, PA	City & State: West Chester, PA
Zip: 19380 Country: USA	Zip: 19380 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ 8/14/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Keith Gubbay
STREET ADDRESS	5780 Powers Ferry Rd., NW
CITY-ST-ZIP	Atlanta GA 30327
TITLE	D
NAME	P. Randall Lowery
STREET ADDRESS	5780 Powers Ferry Rd. NW
CITY-ST-ZIP	Atlanta, GA 30327
TITLE	D
NAME	Thomas J. McInerney
STREET ADDRESS	5780 Powers Ferry Rd. NW
CITY-ST-ZIP	Atlanta GA 30327
TITLE	SVP/CFO/D
NAME	Chris D. Schreier
STREET ADDRESS	5780 Powers Ferry Rd. NW
CITY-ST-ZIP	Atlanta GA 30327
TITLE	D
NAME	Mark A. Tullis
STREET ADDRESS	5780 Powers Ferry Rd. NW
CITY-ST-ZIP	Atlanta, GA 30327
TITLE	S
NAME	Paula Cludray-Engelke
STREET ADDRESS	20 Washington Ave. S,
CITY-ST-ZIP	Minneapolis MN 55401

TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Paula Cludray-Engelke, Sec. 8/14/02 612-372-5602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #