

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

08-18-2002 90131 041 ***550.00

DOCUMENT # 829977 ✓
1. Entity Name
Golden American Life Insurance Company

DO NOT WRITE IN THIS SPACE

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

975062

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	

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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.

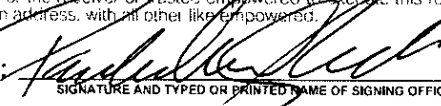
SIGNATURE _____ **8/14/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E034B (12/01)