

F2300005229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

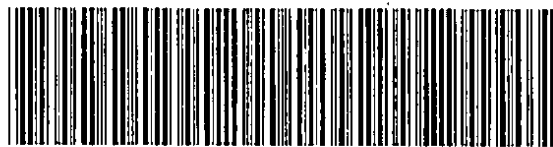
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000/23951

Office Use Only



100414354201

APPROVED
AND
FILED

2023 SEP 11 AM 10:06

RECEIVED

2023 SEP 11 PM 1:22

SEP 14 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: DELAWARE LIFE AND ANNUITY COMPANY
Ref. Number: W23000123951

We have received your document for DELAWARE LIFE AND ANNUITY COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you actually trying to underwrite insurance? If so, CT CORP should not be your Registered Agent. Your CFO should be your Registered Agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 223A00020861

RECEIVED
2023 SEP 13 PM 1:46
DIVISION OF CORPORATIONS
FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 09/11/2023

Acc#120160000072

en: c SW

Name:	Delaware Life and Annuity Company
Document #:	
Order #:	15121655

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delaware Life and Annuity Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Halina A. Zawodni

Name of Person

Faegre Drinker Biddle & Reath LLP

Firm/Company

320 South Canal Street, Suite 3300

Address

Chicago, IL 60606

City/State and Zip code

halina.zawodni@faegredrinker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Halina A. Zawodni

Name of Person

at (312) 356-5032

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Delaware Life and Annuity Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 92-1177640

(FEI number, if applicable)

4. 11/15/2022

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. Upon Filing

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10555 Group 1001 Way, Zionsville, IN 46077

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee

(City)

, Florida 32399

(Zip code)

9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

APPROVED
AND
FILED
2023 SEP 11 AM 10:06
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

A. DIRECTORS

☐ Chairman Name: **See Attached List of Officers and Directors**

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____


☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Stephen M. Coons, Assistant Secretary
(Typed or printed name and capacity of person signing application)

DELAWARE LIFE AND ANNUITY COMPANY

**ATTACHMENT TO THE APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors:

Directors:

Title	Name	Address
Director	Dennis A. Cullen	10555 Group 1001 Way, Zionsville, IN 46077
Director	David E. Sams, Jr.	10555 Group 1001 Way, Zionsville, IN 46077
Director	Curtis P. Steger	10555 Group 1001 Way, Zionsville, IN 46077
Director	Michael K. Moran	10555 Group 1001 Way, Zionsville, IN 46077

Officers:

Title	Name	Address
CEO and President	Daniel J. Towriss	10555 Group 1001 Way, Zionsville, IN 46077
Chief Legal Officer and Secretary	Michael S. Bloom	10555 Group 1001 Way, Zionsville, IN 46077
Chief Financial Officer	Fang L. Wang	10555 Group 1001 Way, Zionsville, IN 46077
Treasurer	John J. Miceli, Jr.	10555 Group 1001 Way, Zionsville, IN 46077
Chief Accounting Officer	Ellyn M. Nettleton	10555 Group 1001 Way, Zionsville, IN 46077
Chief Investment Officer	Andrew F. Kenney	10555 Group 1001 Way, Zionsville, IN 46077
Chief Operating Officer	Robert B. Stanton	10555 Group 1001 Way, Zionsville, IN 46077
Assistant Secretary	Stephen M. Coons	10555 Group 1001 Way, Zionsville, IN 46077

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELAWARE LIFE AND ANNUITY COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7054512 8300

SR# 20233458441

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204132411

Date: 09-11-23