

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820753

Entity Name: DELAWARE AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**600 N. KING STREET
WILMINGTON, DE 19801**Current Mailing Address:**13045 TESSON FERRY RD.
TAX DEPARTMENT B1-06
ST. LOUIS, MO 63128 US**FEI Number:** 51-0104167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE, FL 32399-0300 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, PRESIDENT, CEO,
DIRECTOR
Name DEUGO, ANN
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807

Title ASST. VICE PRESIDENT
Name KLOTZBACH, MICHELLE
Address 13045 TESSON FERRY ROAD
TAX DEPT. B1-06
City-State-Zip: ST. LOUIS MO 63128

Title SECRETARY
Name BUFORD, KELLI
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP
Name MCCLAIN, AARON
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title SR. VP, DIRECTOR
Name BARON, ROBERTO
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title TREASURER, VP
Name CONNERY, CHARLES
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title ASST. SECRETARY
Name DONCOV, STEPHANIE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP, CFO
Name BAYOUMI, TAMER
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE KLOTZBACH

AVP

05/08/2020

Electronic Signature of Signing Officer/Director Detail_____
Date