

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820753

Entity Name: DELAWARE AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**18210 CRANE NEST DRIVE - 02C
TAMPA, FL 33647**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	DCEO
Name	PEIFFER, JAMES H.
Address	1095 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	TSVP
Name	DEBEL, MARLENE B
Address	1095 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	D
Name	JORDANO, JOHN T.
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	ASST. TREASURER
Name	WERSCHING, PATRICIA M.
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST. LOUIS MO 63128

Title	VPS
Name	REYNOLDS, TYLA
Address	600 NORTH KING STREET
City-State-Zip:	WILMINGTON DE 19801
Title	SR. VP, DIRECTOR
Name	BARON, ROBERTO
Address	1095 AVENUE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036
Title	ASST. TREASURER
Name	KOEGER, JAMES W.
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST. LOUIS MO 63128

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: JAMES W KOEGER**ASSISTANT TREASURER** 04/21/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date