2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2017
Secretary of State
CC5494473925

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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	DEKEIZER, DANIEL A
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	ASST. TREASURER
Name	KOEGER, JAMES W.
Address	13045 TESSON FERRY ROAD
City-State-Zip:	ST. LOUIS MO 63128

Title	VP, SECRETARY
Name	REYNOLDS, TYLA
Address	600 NORTH KING STREET
City-State-Zip:	WILMINGTON DE 19801

Title	DIRECTOR, VP, CHEIF FINANCIAL OFFICER
Name	CRYAN, DERMOT M
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	EXECUTIVE VP, TREASURER
Name	MCCALLION, JOHN
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: JAMES KOEGER ASSISTANT TREASURER 04/21/2017

Electronic Signature of Signing Officer/Director Detail — Date