2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2024
Secretary of State
6879441154CC

DOCUMENT# 820753

Entity Name: DELAWARE AMERICAN LIFE INSURANCE COMPANY

Current Principal Place of Business:

600 N. KING STREET
WILMINGTON, DE 19801

Current Mailing Address:

11330 OLIVE BLVD
6-B106
ST LOUIS, MO 63141 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	JAIME, FERNANDO
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	VP
Name	KLOTZBACH, MICHELLE
Address	11330 OLIVE BLVD 6-B106
City-State-Zip:	ST. LOUIS MO 63141

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	WEBER, MICHELE
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	VP, CFO, DIRECTOR
Name	CRYAN, DERMOT MICHAEL
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

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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 VICE PRESIDENT 04/25/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	EXEC VP, CHIEF ACCOUNTING OFFICER
Name	SCHOCK, TAMARA
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166

Title	VP, CONTROLLER
Name	ROGERS, CRAIG
Address	501 ROUTE 22
City-State-Zip:	BRIDGEWATER NJ 08807

Title	EVP, EXEC INVESTMENT OFFICER
Name	SCULLY, CHARLES
Address	ONE METLIFE WAY
City-State-Zip:	WHIPPANY NJ 07981

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

Title	ASST VP
Name	SHERREL, JENNIFER
Address	11330 OLIVE BLVD 6-B102
City-State-Zip:	ST LOUIS MO 63141

Title	ASST. SECRETARY, SR VP
Name	RING, TIMOTHY
Address	200 PARK AVENUE
City-State-Zip:	NEW YORK NY 10166