

1.) CORPORATION NAME:

DELAWARE AMERICAN LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **11/30/2010**

SCC ID NO: **F0253163**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ALICO PL
600 N KING ST

CITY/ST/ZIP: WILMINGTON, DE 19801-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN J GOULART
TITLE: VICE PRESIDENT
ADDRESS: ONE ALICO PLAZA
600 N. KING ST
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER

DIRECTOR

NAME: NICHOLAS D LATRENTA
TITLE: DIRECTOR
ADDRESS: ONE ALICO PLAZA, 600 N. KING ST
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER

DIRECTOR

NAME: TYLA L REYNOLDS
TITLE: SECRETARY
ADDRESS: ONE ALICO PLAZA, 600 N. KING ST
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER

DIRECTOR

NAME: KENNETH D WALMA
TITLE: VICE PRESIDENT
ADDRESS: ONE ALICO PLAZA, 600 N. KING ST
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER

DIRECTOR

NAME: WILLIAM J TOPETTA
TITLE: COB/CEO
ADDRESS: ONE ALICO PLAZA, 600 N. KING ST
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KENNETH D WALMA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KENNETH D WALMA, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>12/15/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.