

1.) CORPORATION NAME: <b>DELAWARE AMERICAN LIFE INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C T CORPORATION SYSTEM          4701 COX RD STE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>11/30/2015</b>  SCC ID NO: <b>F0253163</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL A DEKEIZER		
TITLE: CHAIR/PRES/CEO		
ADDRESS: 1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO: NEW YORK, NY 10036		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER M CARLSON		
TITLE: EXEC VP/CAO		
ADDRESS: 1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO: NEW YORK, NY 10036		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARLENE B DEBEL		
TITLE: TREASURER		
ADDRESS: 1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO: NEW YORK, NY 10036		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES W KOEGER		
TITLE: ASST TREASURER		
ADDRESS: 13045 TESSON FERRY ROAD B1-06		
CITY/ST/ZIP/CO: ST LOUIS, MO 63128		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TYLA REYNOLDS		
TITLE: SECRETARY		
ADDRESS: 600 NORTH KING STREET		
CITY/ST/ZIP/CO: WILMINGTON, DE 19801		

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.

/s/ JAMES W KOEGER	JAMES W KOEGER, ASST TREASURER	1/25/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.