

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828190

Entity Name: DELAWARE LIFE INSURANCE COMPANY

Current Principal Place of Business:

1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451

Current Mailing Address:

1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451 US

FEI Number: 04-2461439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 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 CHIEF LEGAL OFFICER AND SECRETARY
Name BLOOM, MICHAEL S
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title CEO AND PRESIDENT
Name TOWRISS, DANIEL J
Address 10555 GROUP 1001 WAY
City-State-Zip: ZIONSVILLE IN 46077

Title CHIEF INVESTMENT OFFICER
Name KENNEY, ANDREW F
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title CFO
Name WANG, FANG LINDA
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR AND CHAIRMAN
Name SAMS, JR. , DAVID E
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title COO
Name STANTON, ROBERT B
Address 10555 GROUP 1001 WAY
City-State-Zip: ZIONSVILLE IN 46077

Title DIRECTOR
Name CULLEN, DENNIS A
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name STEGER, CURTIS P
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Continues on page 2

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: MICHAEL S. BLOOM

SECRETARY

04/10/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORAN, MICHAEL K
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title TREASURER
Name MICELI, JOHN J. JR.
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title CHIEF ACCOUNTING OFFICER
Name NETTLETON, ELLYN M
Address 10555 GROUP 1001 WAY
City-State-Zip: ZIONSVILLE IN 46077