

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828190

Entity Name: DELAWARE LIFE INSURANCE COMPANY

Current Principal Place of Business:

10555 GROUP 1001 WAY
ZIONSVILLE, IN 46077

FILED
Apr 04, 2024
Secretary of State
6747056298CC

Current Mailing Address:

230 3RD AVE
FL 6
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 230 3RD AVE FL 6
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 COO
Name STANTON, ROBERT B
Address 10555 GROUP 1001 WAY
City-State-Zip: ZIONSVILLE IN 46077

Title CHIEF INVESTMENT OFFICER
Name KENNEY, ANDREW F
Address 230 3RD AVE FL 6
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name CULLEN, DENNIS A
Address 230 3RD AVE FL 6
City-State-Zip: WALTHAM MA 02451

Title CFO
Name WANG, FANG LINDA
Address 230 3RD AVE FL 6
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name STEGER, CURTIS P
Address 230 3RD AVE FL 6
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name MORAN, MICHAEL K
Address 230 3RD AVE FL 6
City-State-Zip: WALTHAM MA 02451

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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: MICHAEL S. BLOOM

SECRETARY

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MICELI, JOHN J. JR.
Address 230 3RD AVE
 FL 6
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