

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820148

Entity Name: AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK**Current Principal Place of Business:**324 S. SERVICE RD., STE 200
MELVILLE, NY 11747**Current Mailing Address:**7700 MILLS CIVIC PARKWAY
WEST DES MOINES, IA 50266**FEI Number:** 13-1970218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
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	D
Name	HOSKINS, RICHARD
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	S
Name	COHEN, JR., RICHARD C
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	P/D
Name	LITTLEFIELD, CHRISTOPHER J
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	T
Name	CUSHING, BRENDA J
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	V
Name	HENG, WILLIAM J
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	D
Name	ARLEDGE, DAVID
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

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: WILLIAM J HENGVICE PRESIDENT,
APPOINTED ACTUARY

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date