

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820148

Entity Name: ATHENE LIFE INSURANCE COMPANY OF NEW YORK

Current Principal Place of Business:

ONE BLUE HILL PLAZA, STE 1672
PEARL RIVER, NY 10965

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
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 S
Name DOERRFELD, BLAINE THOMAS
Address 7700 MILLS CIVIC PARKWAY
City-State-Zip: WEST DES MOINES IA 50266

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

Title T
Name TWEED, TRAVIS
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: BLAINE THOMAS DOERRFELD

SECRETARY

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date