2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#820148

FILED Mar 26, 2009 Secretary of State

Entity Name: AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK

Current Principal Place of Business: New Principal Place of Business: 65 FROEHLICH FARM BLVD. WOODBURY, NY 11797 **Current Mailing Address: New Mailing Address:** 699 WALNUT STREET STE 1400 DES MOINES, IA 50309 FEI Number: 13-1970218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KERWIN, JAMES J PERINELLI, JOAN M Name: Name: 65 FROELICH FARMS BLVD 65 FROELICH FARMS BLVD Address: Address: City-St-Zip: WOODBURY, NY 11797 City-St-Zip: WOODBURY, NY 11797 Title: Title: () Delete (X) Change () Addition Name: LITTLEFIELD, CHRISTOPHER JAMES Name: MILLER, MICHAEL H 699 WALNUT STREET 699 WALNUT STREET Address: Address: DES MOINES, IA 50309 City-St-Zip: DES MOINES, IA 50309 City-St-Zip: () Delete Title: Title: P/D () Change () Addition GODLASKY, THOMAS C Name: Name: 699 WALNUT ST. Address: Address: City-St-Zip: DES MOINES, IA 50309 City-St-Zip: Title: () Delete Title: (X) Change () Addition HAMMOND, MARK KENT CUSHING, BRENDA J Name: Name: Address: 699 WALNUT STREET Address: 699 WALNUT STREET City-St-Zip: DES MOINES, IA 50309 City-St-Zip: DES MOINES, IA 50309 Title: Title: (X) Change () Addition () Delete HENG, WILLIAM JEFFREY HENG, WILLIAM J Name: Name: 699 WALNUT STREET Address: 699 WALNUT STREET Address: City-St-Zip: DES MOINES, IA 50309 City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: () Change () Addition ARLEDGE, DAVID Name: Name: 699 WALNUT ST Address: Address: City-St-Zip: City-St-Zip: DES MOINES, IA 50309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL CURRAN VP 03/26/2009