

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820148

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** AVIVA LIFE AND ANNUITY COMPANY OF NEW YORK

**Current Principal Place of Business:**

324 S. SERVICE RD., STE 200  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

7700 MILLS CIVIC PARKWAY  
WEST DES MOINES, IA 50266

**New Mailing Address:**

**FEI Number:** 13-1970218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOSKINS, RICHARD  
Address: 7700 MILLS CIVIC PARKWAY  
City-St-Zip: WEST DES MOINES, IA 50266

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

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

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

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

Title: D  
Name: ARLEDGE, DAVID  
Address: 7700 MILLS CIVIC PARKWAY  
City-St-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: LISA FOXWORTHY-PARKER

SVP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date