

2020 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: TRAVIS TWEED**VP & TREASURER****04/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date