

**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