

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 820148

**Entity Name:** ATHENE LIFE INSURANCE COMPANY OF NEW YORK**Current Principal Place of Business:**69 LYDECKER STREET  
NYACK, NY 10960**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	D
Name	BELARDI, JAMES R
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	S
Name	ASKELSEN, ERIK H
Address	7700 MILLS CIVIC PARKWAY
City-State-Zip:	WEST DES MOINES IA 50266

Title	T
Name	KUHL, ERIN CLAYTON
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:** ERIN CLAYTON KUHL**VP & TREASURER****04/25/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date