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: TYLER GOODE	TREASURER	04/29/2022

SIGNATURE: TYLER GOODE

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title т Title S Name GOODE, TYLER DEAN Name DOERRFELD, BLAINE THOMAS Address 7700 MILLS CIVIC PARKWAY Address 7700 MILLS CIVIC PARKWAY City-State-Zip: WEST DES MOINES IA 50266 City-State-Zip: WEST DES MOINES IA 50266 Title PD Name KVALHEIM, GRANT

## SIGNATURE:

Address

City-State-Zip:

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.

7700 MILLS CIVIC PARKWAY WEST DES MOINES. IA 50266

**Current Principal Place of Business:** 

## FEI Number: 42-0175020

**DOCUMENT# 826748** 

7700 MILLS CIVIC PARKWAY WEST DES MOINES. IA 50266

**Current Mailing Address:** 

## Name and Address of Current Registered Agent:

7700 MILLS CIVIC PARKWAY

WEST DES MOINES IA 50266

Electronic Signature of Registered Agent

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US



Entity Name: ATHENE ANNUITY AND LIFE COMPANY

## FILED Apr 29, 2022 Secretary of State 7725861668CC

Certificate of Status Desired: No

Date

Date

TREASURER