825564

	Requestor's Name)				
	Address)				
	Address)				
PICK-UP	City/State/Zip/Phone #)				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
,					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 13, 2019

Order#: 875382-021

Re: ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1	provisions of sections 607.0502, 617. ange is submitted for a corporation or			
1 -	er to change its registered office or re	·		•
1. The name of	the corporation: ATHENE ANNUITY	& LIFE ASSURANCE COMPANY OF	NEW YORK	
2. The principa	l office address: ONE BLUE HILL PLA	AZA, STE 1672		
	'ER, NY 10965			
3. The mailing	address (if different): 7700 Mills Civic	Parkway		
West Des	Moines, IA 50266			
4. Date of incor	rporation/qualification: 12/31/1970	Document number: 825564	<u> </u>	
	d street address of the current register urtment of State: (If resigned, enter res	-	with the	
	CT CORPORATION SYSTEM		_	
	1200 SOUTH PINE ISLAND ROAD		20 <u>1</u>	
	PLANTATION, FL 33324		2019 SEP 17	ر ا
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered o	γποςς (γ πρ (Γ πκ	emuni parting f 0 }
	Corporation Service Company		<u>-</u> "– က	
	1201 Hays Street		25	
,		NOT acceptable	_	
	Tallahassee	FL 32301	_	
The street addr as changed wil	ress of its registered office and the str I be identical.	eet address of the business office of i	its registered ager	nt,
Such change wauthorized by t	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer so	
	Lie E. Clanie	Jill Cilmi, Vice President		
Signati	ure of an officer or director	Printed or typed name and to	itle	•
I further\agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with ar his document is being filed merely to that the corporation has been notified on Service Company	statutes relative to the proper and con nd accept the obligation of my position reflect a change in the registered offi	mplete on as registered ice address, I	
By: \(\(\frac{1}{2} \)	nace to Kubly	08/16/2019		
	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	, Asst. Vice President			
Ţ	Typed or Printed Name	EDD 0360071		
1	* * * FILING	FEE: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	· ·	2, 617.0502, 607.1508, or 617.1508, Florida S		
-		tion organized under the laws of the State of _ e or registered agent, or hoth, in the State of F		
'		IUITY & LIFE ASSURANCE COMPANY OF N		
2. The princip	pal office address: ONE BLUE HII	LL PLAZA, STE 1672		
	IVER, NY 10965	- Object - Design	- -	
	g address (if different): 7700 Mills es Moines, IA 50266	S CIVIC Parkway		
	corporation/qualification: 12/31/1	970 Document number: 825564		
5. The name		egistered agent and registered office on file wi	ith the	
	CT CORPORATION SYSTEI		ω ⊵	
	1200 SOUTH PINE ISLAND	ROAD	INCL TALL	4777
	PLANTATION, FL 33324		A	
6. The name (if changed		stered agent (if changed) and /or registered off	2019 SEP 17 PM 3: SELLAHASSELA	
1	Corporation Service Compan	<u>y</u>	25	
	1201 Hays Street			
	P	O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street ad as changed w	dress of its registered office and ill be identical.	the street address of the business office of its	s registered agent,	
Such change authorized by	was authorized by resolution dul the board, or the corporation ha	ly adopted by its board of directors or by an o is been notified in writing of the change.	officer so	
	Lie & Conic	Jill Cilmi, Vice President		
Sign	nature of an officer or director	Printed or typed name and title	e	
I further agre performance agent. Or, if hereby confir	te to comply with the provisions of of my duties, and I am familiar v	l agent and agree to act in this capacity of all statutes relative to the proper and composition of my position of my position ely to reflect a change in the registered office notified in writing of this change.	as revistered	
By: 艾	Increa Cokuble	08/16/2019		
	Signature of Registered Agent	Date		
If signing on	behalf of an entity:			
Grace E Kirl	oy, Asst. Vice President			
	Typed or Printed Name			
	* * * FII	LING FEE: \$35.00 * * *		
	Make checks payabi Mail to: Division of Corpora	LE TO FLORIDA DEPARTMENT OF STATE ATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32	2314	

CR2E045 (03/12)