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| No. C 197396 | Due no later than Feb 28, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. ATHENE ANNUITY & LIFE ASSURANCE COMPANY STEPHANIE KIDDER 7700 MILLS CIVIC PARKWAY WEST DES MOINES IA 50266 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT | GRANT KVALHEIM | 7700 MILLS CIVIC PARKWAY | WEST DES MOINES | IA | USA | 50266 |
| SECRETARY | ERIK H ASKELSEN | 7700 MILLS CIVIC PARKWAY | WEST DES MOINES | IA | USA | 50266 |
| 5. Organized Under the Laws of: DE C 197396 | 6. Annual Report must be signed.* Signature: Stephanie Kidder Name (type or print): Stephanie Kidder Date: 01/20/2018 Title: Compliance Administrator | | | | | |
| Processed 01/20/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | |