

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 016 ***150.00

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1. Entity Name
**AMERICAN EQUITY INVESTMENT LIFE INSURANCE
COMPANY**



Principal Place of Business
**5000 WESTOWN PARKWAY
SUITE 440
WEST DES MOINES, IO 50266 US**

Mailing Address
**P.O. BOX 71216
DES MOINES, IO 50325 US**

50005111



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1153896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
NOBLE, DAVID
5000 WESTOWN PKWY
WEST DES MOINES, IA 50266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RICHARDSON, DEBRA J
5000 WESTOWN PKWY
WEST DES MOINES, IA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GERLACH, JAMES M
5000 WESTOWN PKWY
WEST DES MOINES, IA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
REIMER, TERRY A
5000 WESTOWN PKWY
WEST DES MOINES, IA 50266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MULCAHY, DAVID
5000 WESTOWN PKWY
WEST DES MOINES, IA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHROEDER, JACK
5000 WESTOWN PKWY
WEST DES MOINES, IA**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

515-457-1980

Daytime Phone #