
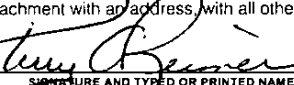


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90047 031 ***150.00

DOCUMENT # 849931					
1. Entity Name AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY					
Principal Place of Business 5000 WESTOWN PARKWAY SUITE 440 WEST DES MOINES, IA 50266 US			Mailing Address P.O. BOX 71216 DES MOINES, IA 50325 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State IA		City & State IA		4. FEI Number 42-1153896	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NOBLE, DAVID <input type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA 50266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, DEBRA J <input type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GERLACH, JAMES M <input type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD REIMER, TERRY A <input type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA 50266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULCAHY, DAVID <input checked="" type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLSON, WENDY L <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5000 WESTOWN PKWY WEST DES MOINES, IA 50266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, JACK <input type="checkbox"/> Delete 5000 WESTOWN PKWY WEST DES MOINES, IA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50266	
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: 			TERRY REIMER		4/16/2007 (515)457-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #