FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90052 017 ***150.00

DOCUMENT # 849931

1. Entity Name
American Equity Investment Life Insurance Co.

DO NOT WRITE IN THIS SPACE

40041253

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2. Principal Place of Business	3. Mailing Address
5000 Westown Pkwy Suite 440	PO Box 71216
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Des Moines, IA	City & State: Des Moines , IA
Zip: 50266-5921 Country: USA	Zip: 50325 Country: USA

4. FEI Number: 42-1153896 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address(P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	Noble, David J.
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266
TITLE	SD
NAME	Richardson, Debra J.
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266
TITLE	VD
NAME	Gerlach, James M.
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266
TITLE	VTD
NAME	Reimer, Terry A.
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266
TITLE	VD
NAME	Carlson, Wendy L.
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266
TITLE	D
NAME	Schroeder, Jack
STREET ADDRESS	5000 Westown Pkwy, Suite 440
CITY-ST-ZIP	West Des Moines, IA 50266

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CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/21/2008 (515) 457-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #