

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 849931

FILED
Oct 13, 2009
Secretary of State

Entity Name: AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

Current Principal Place of Business:

5000 WESTOWN PARKWAY
SUITE 440
WEST DES MOINES, IO 50266 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 71216
DES MOINES, IO 50325 US

New Mailing Address:

FEI Number: 42-1153896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ALLISON QUIGLEY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NOBLE, DAVID
Address: 5000 WESTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

Title: SD () Delete
Name: RICHARDSON, DEBRA J
Address: 5000 WESTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

Title: VD () Delete
Name: GERLACH, JAMES M
Address: 5000 WESTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

Title: VTD () Delete
Name: REIMER, TERRY A
Address: 5000 WESTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

Title: VD () Delete
Name: CARLSON, WENDY L
Address: 5000 WESTTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

Title: D () Delete
Name: SCHROEDER, JACK
Address: 5000 WESTOWN PKWY
City-St-Zip: WEST DES MOINES, IA 50266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY EDMISTER

AC

10/13/2009

Electronic Signature of Signing Officer or Director

Date