

**2008 FOR PROCT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000001446

1. Entity Name
AMERICAN EQUITY INVESTMENT SERVICE COMPANY



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

Mailing Address
**5000 WESTOWN PARKWAY
SUITE 440
WEST DES MOINES, IA 50266**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1459400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLE, D J
5461 GULF OF MEXICO DRIVE #204
LONGBOAT KEY, FL 34228**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000789887
01/23/08-80011-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD NOBLE, D J 5461 GULF OF MEXICO DRIVE #204 LONGBOAT KEY, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT JOHNSON, TED M 5000 WESTOWN PKWY. #440 WEST DES MOINES, IA 50266
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDSON, DEBRA J 5000 WESTOWN PKWY. #440 WEST DES MOINES, IA 50266
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**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

1/16/08
Date

Daytime Phone # _____