State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
143371	American Equity Investment Service Company			
3. Street Address Principal Business Office		City	State	Zip
5000 Westown Pkwy #440		West Des Moines	IA	50266
4. Business Phone No.	5. State of Incorporation			
(515)221-0002	IOWA			

6. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Marketing Agency

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
David J Noble			Ted M. Johnson		
Street Address			Street Address		
5000 Westown Pkwy #440			5000 Westown Pkwy #440		
City	State	Zip	City	State	Zip
West Des Moines	IA	50266	West Des Moines	IA	50266
Secretary Name			**Treasurer Name**		
Debra J. Richardson			Ted M. Johnson		
Street Address			Street Address		
5000 Westown Pkwy #440			5000 Westown Pkwy #440		
City	State	Zip	City	State	Zip
West Des Moines	IA	50266	West Des Moines	IA	50266

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
David J. Noble					
Street Address			Street Address		
5000 Westown Pkwy #440					
City	State	Zip	City	State	Zip
West Des Moines	IA	50266			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
10,000	Common	No Par value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	common	no par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ted M Johnson — *Signature* — 1/24/08 — *Date*

Ted M. Johnson
Print or Type Name

[redacted] Vice President
Title

FILED
File Date JAN 25 2008
Check No. [redacted]
By [redacted]
By:
FOR SECRETARY OF STATE USE ONLY

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CORPORATIONS DIVISION

Form 630 Rev. 12/06