

State: Arkansas Filing Company: American Equity Investment Life Insurance Company
 TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other
 Product Name: 12 R-EBR
 Project Name/Number: 12 R-EBR/12 R-EBR

Filing at a Glance

Company: American Equity Investment Life Insurance Company
 Product Name: 12 R-EBR
 State: Arkansas
 TOI: A10 Annuities - Other
 Sub-TOI: A10.000 Annuities - Other
 Filing Type: Form
 Date Submitted: 11/09/2012
 SERFF Tr Num: AMEQ-128764802
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: 12 R-EBR
 Implementation: On Approval
 Date Requested:
 Author(s): Kathleen Underwood, Tiffany Meuer, Dave Milligan, Troy Christensen, Janine Plettner-Glodt, Erin Wagner, Korley Westvold
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 11/15/2012
 Disposition Status: Approved-Closed
 Implementation Date:
 State Filing Description:

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General Information

Project Name: 12 R-EBR Status of Filing in Domicile: Pending
 Project Number: 12 R-EBR Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 11/15/2012
 State Status Changed: 11/15/2012
 Deemer Date: Created By: Tiffany Meuer
 Submitted By: Tiffany Meuer Corresponding Filing Tracking Number:
 Filing Description:
 NAIC #92738
 FEIN 42-1153896

November 7, 2012

Re: Filing 12 R-EBR

We are filing 12 R-EBR for your review and approval. 12 R-EBR is a new rider that we plan to use with our existing Flexible Premium Deferred and Single Premium Deferred Annuity products mentioned below. This form has a Flesch readability score of 54.91 and is added automatically at issue of the contract at no cost to the policy owner.

To assist you in your review of this rider we include a Statement of Variability, Certification of Readability and Actuarial Memorandum on the Supporting Document tab.

We plan to use this with the following previously approved filings:

- Form Number Approval Date Tracking Number
- INDEX-2-09 5/11/2009 AMEQ-126134768
- INDEX-1-07 11/8/2006 SERT-6URJEZ961
- INDEX-5-07 11/16/2006 AMEQ-125032940
- INDEX-6-07 7/27/2007 AMEQ-125236231
- 11 IDX2 11/8/2011 AMEQ-127785437
- 11 IDX3 3/13/2012 AMEQ-128096949
- 11 IDX4 5/23/2012 AMEQ-128387506
- FRG-2-09 6/16/2009 AMEQ-126189456
- FPDA-7-08 1/22/2009 AMEQ-125985995
- SPDA-MYGA 7/7/2008 AMEQ-125721016
- FPDA-10 2/10/2005 SERT-698RN6409

We appreciate your assistance with the review and approval of our filing.

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Product Name: 12 R-EBR
Project Name/Number: 12 R-EBR/12 R-EBR

Sincerely,

Tiffany M. Meuer
 Sr. Product Compliance Analyst

Company and Contact

Filing Contact Information

Tiffany Meuer, Sr. Product Compliance Analyst
 tmeuer@american-equity.com
 6000 Westown Pkwy
 West Des Moines, IA 50266
 515-457-1878 [Phone]
 515-273-3620 [FAX]

Filing Company Information

American Equity Investment Life Insurance Company
 6000 Westown Pkwy
 West Des Moines, IA 50266
 (515) 221-0002 ext. [Phone]
 CoCode: 92738
 Group Code: 2658
 Group Name:
 FEIN Number: 42-1153896
 State of Domicile: Iowa
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
American Equity Investment Life Insurance Company	\$50.00	11/09/2012	64742525

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/15/2012	11/15/2012

SERFF Tracking #:

AMEQ-128764802

State Tracking #:

Company Tracking #:

12 R-EBR

State: Arkansas

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Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	STATEMENT OF VARIABILITY		Yes
Supporting Document	COVER LETTER		Yes
Form	12 R-EBR		Yes

State: Arkansas

Filing Company:

American Equity Investment Life Insurance Company

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Form Schedule

Lead Form Number: 12 R-EBR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		12 R-EBR	12 R-EBR	POLA	Initial		54.910	12 R-EBR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

[6000 Westown Parkway, West Des Moines, Iowa 50266, (888) 221-1234]

ENHANCED BENEFIT RIDER INCREASED PENALTY-FREE WITHDRAWAL

This Rider is part of the Base Contract. Endorsement(s), rider(s), Base Contract and attached Application make up the entire Contract. **Base Contract No.:** [507IA] **Benefit Eligibility Date:** [MM/DD/YYYY]

DEFINITIONS

When we use these words, we mean:

Annuitant: The person(s) named in the Application.

Base Contract: The Contract to which this Rider is attached.

Notice: Written proof of Annuitant's Terminal Illness, signed by a Qualified Physician, received and accepted by American Equity Investment Life Insurance Company. Notice must be supported by clinical, radiological, or laboratory evidence of the condition. We may require another exam by a Qualified Physician of our choice at our expense.

Owner (You, Your, Yours): The person(s) or entity named in the Application as the Owner. If the Owner is not a natural person, no other person or entity can be a Joint Owner of this Contract. The Owner is entitled to exercise the ownership rights stated in this Contract.

Qualified Care Facility: A long term care facility that is licensed and operated according to the laws of its location.

Qualified Physician: Any person, who is licensed as an MD or DO to practice medicine in the United States and who is not the Annuitant, Owner or any member of either family.

Rider: This Enhanced Benefit Rider.

Terminal Illness: Any disease or medical condition which a Qualified Physician presumes to result in death within one year.

All other definitions in the Base Contract apply to this Rider.

RIDER BENEFIT

This Rider provides you with an increased Penalty-free Withdrawal amount in the event the Annuitant becomes confined to a Qualified Care Facility or the Annuitant has been diagnosed with a Terminal Illness. This Rider is a one-time use benefit. This Rider terminates once you have taken the one additional Penalty-free Withdrawal that is available under this Rider. All payments are considered a Withdrawal from the Contract Value of the Base Contract. You may choose to use the Withdrawal Proceeds however you choose. The availability of access to benefit guarantees or values is not intended to provide for long term care or nursing home insurance. All references to Annuitant in this Rider shall include Joint Annuitant, if applicable.

WAIVER FOR QUALIFIED CARE FACILITIES

After the first Contract Year, if:

- (1) The Annuitant is confined to a Qualified Care Facility for at least [1-90] consecutive days, [1-30] consecutive days for Hospice, and
- (2) We receive written proof of that stay and a Qualified Physician's recommendation;

Then you may take a Penalty-free Withdrawal of up to:

- [11-100%] of the Contract Value, if confinement occurs in the [first-fifth] or [second-fifth] Contract Year, or
- [11-100%] of the Contract Value, if confinement occurs after the end of the [third-fifth] Contract Year.

The Penalty-free Withdrawal available under this Rider may not be exercised in addition to any Penalty-free Withdrawal taken under the Base Contract in the same Contract Year.

QUALIFIED CARE FACILITIES

As indicated in the Definitions section of this Rider, a Qualified Care Facility is a long term care facility that is licensed and operating according to the laws of its location, and include the following:

Skilled Facility - means a facility:

- (1) That provides skilled care supervised by a licensed physician;
- (2) That provides 24-hour-a-day care by, or supervised by, an R.N.; and
- (3) That keeps a daily medical record of each patient.

Intermediate Care Facility - means a facility:

- (1) That provides 24-hour-a-day care by, or supervised by, an R.N. or an L.P.N.; and
- (2) That keeps a daily medical record of each patient.

Hospital - means a facility:

- (1) That operates for the care and treatment of sick or injured persons as inpatients;
- (2) That provides 24-hour-a-day care by, or supervised by, an R.N.;
- (3) That is supervised by a staff of licensed physicians; and
- (4) That has medical, diagnostic and major surgical capabilities or access to such capabilities.

Hospice - means a facility:

- (1) That provides a formal program for terminally ill patients whose life expectancy is less than 6 months, provided on an inpatient basis and directed by a Qualified Physician; and
- (2) That is licensed, certified or registered in accordance with state laws.

Qualified Care Facilities do not include

- (1) Drug or alcohol treatment facilities;
- (2) Homes for the aged or mentally ill, community living facilities, or places that primarily provide domiciliary, residency or retirement care; or
- (3) Places that are owned or operated by a member of the Annuitant's immediate family.

WAIVER FOR TERMINAL ILLNESS

After the first Contract Year, you may take a Penalty-free Withdrawal of up to [11-100%] of the Contract Value under the following circumstances:

- (1) A Qualified Physician provides Notice s/he has diagnosed the Annuitant as having a Terminal Illness and;
- (2) The diagnosis and Notice occur after the first Contract Year ends.

If we deny a waiver claim, we will notify you. We will not disburse Surrender Proceeds, unless you agree to the Surrender Proceeds with Surrender Charges included.

You may be subject to a 10% Federal Internal Revenue Code penalty if you make withdrawals or surrender this annuity before age 59 1/2. Any distribution may cause a taxable event. Neither American Equity nor our agents offer legal, investment or tax advice. Please consult a qualified advisor for these matters.

TERMINATION

Rider terminates on earliest of the following:

- (1) Upon your written request; or
- (2) The Base Contract terminates; or
- (3) After you have utilized this Rider; or
- (4) The Annuitant dies.*

* If the Annuitant is the Owner, and the sole primary beneficiary under the Base Contract is the Annuitant's spouse (as defined by federal law), and the spouse opts to become the new Owner, and you have not utilized this Rider, then this Rider will remain in effect under the Ownership of the surviving spouse. Termination of this Rider will not prejudice the waiver of any Surrender Charge while the Rider was in force.

GENERAL

Unless stated otherwise, all provisions and limitations of the Base Contract apply to this Rider.

**SIGNED AT
AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY
WEST DES MOINES, IOWA**

 Debra J. Richardson Secretary	 Ronald J. Grensteiner President
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(This page has been left blank intentionally.)

SERFF Tracking #:

AMEQ-128764802

State Tracking #:**Company Tracking #:**

12 R-EBR

State:

Arkansas

Filing Company:

American Equity Investment Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

12 R-EBR

Project Name/Number:

12 R-EBR/12 R-EBR

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CertRead121107.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	SERFF Tracking number AMEQ-128750029 Approved on 11/6/2012		
Attachment(s):			
12 A-2000 11 01 12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY		
Comments:			
Attachment(s):			
12 R-EBR-StmtVaria121107.pdf			

		Item Status:	Status Date:
Satisfied - Item:	COVER LETTER		
Comments:			
Attachment(s):			
ARCover Letter 121107.pdf			

**CERTIFICATION
OF
READABILITY**

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY hereby certifies
that this filing achieves a Flesch Reading Ease Test Score of: 54.91

Form: 12 R-EBR

A handwritten signature in black ink, appearing to read 'Troy Christensen', with a long horizontal line extending to the right.

Troy Christensen-JD, MBA
AVP & Compliance Counsel

November 7, 2012
Date



AMERICAN EQUITY INVESTMENT LIFE INSURANCE CO
 NEW BUSINESS:
 PO BOX 9304
 Des Moines, IA 50306-9304
 888-221-1234 | Fax 515-221-9450
 www.american-equity.com

INDIVIDUAL ANNUITY APPLICATION

- Flexible Premium Deferred Annuity
- Single Premium Deferred Annuity
- Single Premium Immediate Annuity

Arizona Residents Only: Within a reasonable time of receiving a WRITTEN request from you, we are required to provide you within a reasonable time reasonable factual information regarding the benefits and provisions of this Contract. If for any reason you are not satisfied with this contract, you may return it to your agent or our home office for up to 15 days after you receive it, 30 days if you are 65 or older on the date of the application. Within 10 days, we will refund any premium paid. This contract will then be void.

1 OWNER/ANNUITANT INFORMATION	
OWNER INFORMATION (REQUIRED)	
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Entity (Type: _____ if Trust, complete form #4528)	
Name (first, middle, last):	
Entity Name (as filed with the IRS):	
TIN:	
SSN:	Date of Birth (mm/dd/yyyy): <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent physical address: City, State, Zip Code:	
Mailing Address (Optional):	
Telephone Number:	E-mail (Optional):
Resident of a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosed by a member of the medical profession with a terminal illness* in the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
JOINT OWNER INFORMATION (MUST BE AN INDIVIDUAL)	
Name (first, middle, last):	
Relationship to Owner:	
SSN:	Date of Birth (mm/dd/yyyy): <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent physical address: City, State, Zip Code:	
Mailing Address (Optional):	
Telephone Number:	E-mail (Optional):
Resident of a nursing home or assisted living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosed by a member of the medical profession with a terminal illness* in the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Physical address must be completed as your Permanent residence. You may only enter the PO Box under "Mailing Address (optional)" section.

*Any disease or medical condition which a Qualified Physician presumes to result in death within one year.

OWNER/ANNUITANT INFORMATION (CONTINUED)

ANNUITANT INFORMATION (if other than the Owner) Leave blank if Owner/Annuitant is the same person

Name (first, middle, last):		Relationship to Owner:	
SSN:	Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent physical address:		City, State, Zip Code:	
Does the Annuitant reside in a nursing home or assisted living facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Annuitant been diagnosed by a member of the medical profession with a terminal illness* in the past six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

JOINT ANNUITANT INFORMATION (if applicable)

Name (first, middle, last):		Relationship to Owner:	
SSN:	Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Permanent physical address:		City, State, Zip Code:	
Does the Joint Annuitant reside in a nursing home or assisted living facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Joint Annuitant been diagnosed by a member of the medical profession with a terminal illness* in the past six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2 BENEFICIARY DESIGNATION (ONE Primary Beneficiary is required. % must total 100%, per beneficiary class)

Death Proceeds paid to named beneficiaries upon death of policy owner or annuitant. Spousal Continuation only available if surviving spouse is named as the sole primary beneficiary.

Place additional beneficiaries on Beneficiary Addendum - Form 4007.

PRIMARY	Share %	Relationship:	
Name (first, middle, last):		SSN/TIN:	
		Birthdate:	Phone #:
Address, City, State, Zip:			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship:	
Name (first, middle, last):		SSN/TIN:	
		Birthdate:	Phone #:
Address, City, State, Zip:			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship:	
Name (first, middle, last):		SSN/TIN:	
		Birthdate:	Phone #:
Address, City, State, Zip:			

(Owner's Spouse's Signature)**

(Joint Owner's Spouse's Signature)**

**Required in AZ and CA. Spouse consents to beneficiary designations.

3 PRODUCT INFORMATION (Products not available in all states)

Product Disclosure must be submitted with application.

Name:

SPIA option:

4 TAX QUALIFICATION FOR THIS CONTRACT

Choose One

 Non-Qualified IRA (Please select one option) Traditional Roth SEP SIMPLE Contribution is for Tax Year _____ Qualified Retirement Plan (Must submit plan documentation. Please select one option below) 401(k) Profit Sharing Defined Benefit Plan Contribution is for Tax Year _____ Inherited

Deceased Name:

Date of Death:

Relationship:

5 METHOD OF PURCHASE

Transfer*	Replacement*	Rollover*	Check**	Total Expected Premium*
\$	\$	\$	\$	\$

*Please complete a separate Transfer/Replacement/1035 form for each policy

**Made payable to American Equity Investment Life Insurance Company

OPTIONAL ADDITIONAL PREMIUM (Flexible Premium Only)

Planned Premium Amount \$

 Check EFT (Complete Form #4067)Premium Mode → Annual Semi Annual Quarterly Monthly**6 ADDITIONAL INFORMATION**Are you the owner, annuitant and/or insured of any existing life insurance with this or any other company? If "Yes" complete replacement form(s). Yes NoWill this annuity replace or change any life insurance or annuity policy? If "Yes" complete replacement form(s). Yes NoHas any Owner, Annuitant or beneficiary entered into an agreement to sell or assign this annuity? If "Yes" please attach a written explanation. Yes NoHas any Owner, Annuitant, or beneficiary ever sold, transferred or assigned a life insurance or annuity policy to a third party? If "Yes" please attach a written explanation. Yes No**7 NOTICE****NOTICE:** State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer, or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

District of Columbia Residents Only: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.**Florida Residents Only:** Any person who knowingly and with interest to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.**California Senior Disclosure:** Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of the sale or liquidation and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale or sold.

**AMERICAN EQUITY INVESTMENT LIFE
INSURANCE CO.
STATEMENT OF VARIABILITY
12 R-EBR**

I certify only items within brackets are variable. Any or modification to a variable item will be filed for approval. They will vary as follows:

Page 1

- 1. Address & Telephone Number:** May vary if we change locations.
- 2. Base Contract No.:** Provided at time of issue.
- 3. Benefit Eligibility Date:** Provided at time of issue and is one year from issue date.
- 4. Waiver for Qualified Care Facilities:** Confinement to a Qualified Care Facility will have a range of 1-90 days and a range of 1-30 days for Hospice. Penalty Free withdrawal percentage will be 11-100% of the Contract Value with a range of confinement occurring in a range from first-fifth or second -fifth Contract Year. Or a range of 11-100% of the Contract Value if confinement occurs in the third-fifth Contract Year.

Page 2

- 5. Waiver for Terminal Illness:** Penalty-free Withdrawal range of up to 11-100% of the Contract Value.

Page 3

- 6. Signatures:** May change if Officers change. We will notify the department if this should occur.



Troy Christensen- JD, MBA
AVP & Compliance Counsel
November 7, 2012



Tiffany M. Meuer
Sr. Product Compliance Analyst

NAIC #92738
FEIN 42-1153896

November 7, 2012

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