

**State:** Arkansas **Filing Company:** American Equity Investment Life Insurance Company  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** 12 A-2000.1  
**Project Name/Number:** 12 A-2000.1/12 A-2000.1

### Filing at a Glance

**Company:** American Equity Investment Life Insurance Company  
**Product Name:** 12 A-2000.1  
**State:** Arkansas  
**TOI:** A10 Annuities - Other  
**Sub-TOI:** A10.000 Annuities - Other  
**Filing Type:** Form  
**Date Submitted:** 11/14/2012  
**SERFF Tr Num:** AMEQ-128770012  
**SERFF Status:** Closed-Approved-Closed  
**State Tr Num:**  
**State Status:** Approved-Closed  
**Co Tr Num:** 12 A-2000.1  
  
**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:** 11/27/2012  
**Disposition Status:** Approved-Closed  
**Implementation Date:**  
  
**State Filing Description:**

State: Arkansas Filing Company: American Equity Investment Life Insurance Company  
 TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other  
 Product Name: 12 A-2000.1  
 Project Name/Number: 12 A-2000.1/12 A-2000.1

**General Information**

Project Name: 12 A-2000.1 Status of Filing in Domicile: Pending  
 Project Number: 12 A-2000.1 Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: Resubmission Previous Filing Number: AMEQ-128750029  
 Individual Market Type: Overall Rate Impact:  
 Filing Status Changed: 11/27/2012  
 State Status Changed: 11/27/2012 Deemer Date:  
 Created By: Tiffany Meuer Submitted By: Tiffany Meuer  
 Corresponding Filing Tracking Number:

Filing Description:  
 NAIC #92738  
 FEIN 42-1153896

November 14, 2012

Re: Filing 12 A-2000.1

We are resubmitting form 12 A-2000.1 for your review and approval. 12 A-2000.1 is substantially similar to the form you approved 12 A-2000, SERFF Tracking Number: AMEQ-128750029, on November 6, 2012. Additional questions were added under the "Agent of Record" Section, on Page 4 of the Application, requiring the Agent to answer two questions regarding replacements. 12 A-2000.1 is an annuity application that we plan to use with our Flexible Premium Deferred, Single Premium Deferred and Single Premium Immediate Annuity products. This form has a Flesch readability score of 50 and will be used in paper format.

To assist you in your review of this Application we include a Statement of Variability 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
- SPIA-1 12/19/1997 PAPER FILING

**State:** Arkansas **Filing Company:** American Equity Investment Life Insurance Company  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** 12 A-2000.1  
**Project Name/Number:** 12 A-2000.1/12 A-2000.1

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

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 | 11/14/2012     | 64886732      |

State: Arkansas Filing Company: American Equity Investment Life Insurance Company  
TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other  
Product Name: 12 A-2000.1  
Project Name/Number: 12 A-2000.1/12 A-2000.1

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 11/27/2012 | 11/27/2012     |

SERFF Tracking #:

AMEQ-128770012

State Tracking #:

Company Tracking #:

12 A-2000.1

State:

Arkansas

Filing Company:

American Equity Investment Life Insurance Company

TOI/Sub-TOI:

A10 Annuities - Other/A10.000 Annuities - Other

Product Name:

12 A-2000.1

Project Name/Number:

12 A-2000.1/12 A-2000.1

## Disposition

Disposition Date: 11/27/2012

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 | Cover Letter                   |                      | Yes           |
| Supporting Document | Statement of Variability       |                      | Yes           |
| Form                | 12 A-2000.1                    |                      | Yes           |

State: Arkansas

Filing Company:

American Equity Investment Life Insurance Company

TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other

Product Name: 12 A-2000.1

Project Name/Number: 12 A-2000.1/12 A-2000.1

## Form Schedule

Lead Form Number: 12 A-2000.1

| Item No. | Schedule Item Status | Form Name   | Form Number | Form Type | Form Action | Action Specific Data    |                | Readability Score | Attachments                                |
|----------|----------------------|-------------|-------------|-----------|-------------|-------------------------|----------------|-------------------|--|
| 1        |                      | 12 A-2000.1 | 12 A-2000.1 | AEF       | Revised     | Previous Filing Number: | AMEQ-128750029 | 50.000            | 12 A-2000.1<br>11.15.12(with Brackets).pdf |
|          |                      |             |             |           |             | Replaced Form Number:   | 12 A-2000      |                   |  |

### Form Type Legend:

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



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.

3 [

1  
2

4

4

| 1 OWNER/ANNUITANT INFORMATION   |   |
|---|---|
| Physical address must be completed as your Permanent residence. You may only enter the PO Box under "Mailing Address (optional)" section. | <b>OWNER INFORMATION (REQUIRED)</b><br>Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Entity (Type: _____ if Trust, complete form #4528)<br>Name (first, middle, last): _____<br>Entity Name (as filed with the IRS): _____ TIN: _____<br>SSN: _____ Date of Birth (mm/dd/yyyy): _____ <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Permanent physical address: _____ City, State, Zip Code: _____<br>Mailing Address (Optional): _____<br>Telephone Number: _____ E-mail (Optional): _____<br>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<br>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 |
|   | <b>JOINT OWNER INFORMATION (MUST BE AN INDIVIDUAL)</b><br>Name (first, middle, last): _____ Relationship to Owner: _____<br>SSN: _____ Date of Birth (mm/dd/yyyy): _____ <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Permanent physical address: _____ City, State, Zip Code: _____<br>Mailing Address (Optional): _____<br>Telephone Number: _____ E-mail (Optional): _____<br>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<br>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   |

**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 |

5

**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.

|  |         |               |          |
|--|---------|---------------|----------|
| <b>PRIMARY</b>   | 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:   |         |               |          |

6

\_\_\_\_\_  
(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  No

Will this annuity replace or change any life insurance or annuity policy? If "Yes" complete replacement form(s).  Yes  No

Has any Owner, Annuitant or beneficiary entered into an agreement to sell or assign this annuity? If "Yes" please attach a written explanation.  Yes  No

Has 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 intent 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.



SERFF Tracking #:

AMEQ-128770012

State Tracking #:

Company Tracking #:

12 A-2000.1

State: Arkansas

Filing Company: American Equity Investment Life Insurance Company

TOI/Sub-TOI: A10 Annuities - Other/A10.000 Annuities - Other

Product Name: 12 A-2000.1

Project Name/Number: 12 A-2000.1/12 A-2000.1

## Supporting Document Schedules

|                    |                      | Item Status: | Status Date: |
|--------------------|----------------------|--------------|--------------|
| Satisfied - Item:  | Flesch Certification |              |              |
| Comments:          |                      |              |              |
| Attachment(s):     |                      |              |              |
| CertRead121114.pdf |                      |              |              |

|                   |                              | Item Status: | Status Date: |
|-------------------|------------------------------|--------------|--------------|
| Satisfied - Item: | Application                  |              |              |
| Comments:         | Filing is for an Application |              |              |

|                           |              | Item Status: | Status Date: |
|---------------------------|--------------|--------------|--------------|
| Satisfied - Item:         | Cover Letter |              |              |
| Comments:                 |              |              |              |
| Attachment(s):            |              |              |              |
| ARCover Letter 121114.pdf |              |              |              |

|                                 |                          | Item Status: | Status Date: |
|---------------------------------|--------------------------|--------------|--------------|
| Satisfied - Item:               | Statement of Variability |              |              |
| Comments:                       |                          |              |              |
| Attachment(s):                  |                          |              |              |
| 12 A-2000.1-StmtVaria121114.pdf |                          |              |              |

**CERTIFICATION  
OF  
READABILITY**

AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY hereby certifies  
that this filing achieves a Flesch Reading Ease Test Score of: 50.00

Form: 12 A-2000.1

A handwritten signature in black ink, appearing to read 'T.C.', with a long horizontal line extending to the right.

Troy Christensen-JD, MBA  
AVP & Compliance Counsel

November 14, 2012  
Date



*Tiffany M. Meuer*  
*Sr. Product Compliance Analyst*

NAIC #92738  
FEIN 42-1153896

November 14, 2012

Re: Filing 12 A-2000.1

We are resubmitting form 12 A-2000.1 for your review and approval. 12 A-2000.1 is substantially similar to the form you approved 12 A-2000, SERFF Tracking Number: AMEQ-128750029, on November 6, 2012. Additional questions were added under the "Agent of Record" Section, on Page 4 of the Application, requiring the Agent to answer two questions regarding replacements. 12 A-2000.1 is an annuity application that we plan to use with our Flexible Premium Deferred, Single Premium Deferred and Single Premium Immediate Annuity products. This form has a Flesch readability score of 50 and will be used in paper format.

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| 11 IDX4            | 5/23/2012            | AMEQ-128387506         |
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| FPDA-7-08          | 1/22/2009            | AMEQ-125985995         |
| SPDA-MYGA          | 7/7/2008             | AMEQ-125721016         |
| FPDA-10            | 2/10/2005            | SERT-698RN6409         |
| SPIA-1             | 12/19/1997           | PAPER FILING           |

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

Sincerely,

Tiffany M. Meuer  
Sr. Product Compliance Analyst

**AMERICAN EQUITY INVESTMENT LIFE  
INSURANCE CO.  
STATEMENT OF VARIABILITY  
12 A-2000.1**

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 & Fax Number:** May vary if we change locations.
- 2. Web address:** May change/vary should the domain name become unavailable.
- 3. Sidebars:** Additional operational instructions may be added.
- 4. Owner/Annuitant Information:** The question regarding terminal illness will either read as stated currently on the application or removed entirely from the form.

**Page 2**

- 5. Beneficiary Designations:** May be removed in the future and addressed on a separate informational brochure to provide further more in-depth information.
- 6. Spouse Signature State(s) Requirement:** May change to add any applicable state where required by law.
- 7. Tax Qualification:** May change due to any future options that may arise

**Page 3**

- 8. Owner Identification:** May change due to future regulation on required identification.
- 9. Agent of Record:** Will be at least that which is shown currently however may provide for additional agent of record fields for policies that may be split among other representatives.



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Troy Christensen- JD, MBA  
AVP & Compliance Counsel  
November 14, 2012