FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 205/10 |
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| | Washington, D.C. 20049 |
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| Check this box if no longer su Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | · |
| | |

| Form 3 | Holdings Rep | orted. | | | | | | | | | | | | iio pei i | соропос. | 1.0 |
|---|---|--|---|---|--|---|--|-------|---|----------|---|--|-------------------------|--|---|-----|
| Form 4 | Transactions | Reported. | Fil | ed pursuant t or Sectio | | | | | ırities Excha Company Ac | | | | | | | |
| Name and Address of Reporting Person* Chapman Joyce Ann (Lap) (Fin) (Atidle) | | | | <u>AMEF</u> | 2. Issuer Name and Ticker or Trading Symbol AMERICAN EQUITY INVESTMENT LIFE HOLDING CO [AEL] | | | | | | | theck all app | ctor cer (give title | | rson(s) to Issuer 10% Owner Other (specify below) | |
| (Last) (First) (Middle) 6000 WESTOWN PARKWAY | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 | | | | | | | Belov | below) | | | , |
| (Street) WEST DES MOINES IA 50266 | | | | 4. If Amer | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | tate) (| te) (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | curiti | es A | cquire | d, Di | isposed | of, or E | Beneficia | ally Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | Execution I | if any C | | 3. Transaction Code (Instr. 8) 4. Securities Of (D) (Instr. 8) Amount | | | cquired (A) or Dispo 4 and 5) | | 5. Amou Securition Benefici Owned a | es Owr | | ership : Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Montalibay/real) by | | ,, | | | unt | (A) or (D) | Price | Issuer's | Issuer's Fiscal Inc Year (Instr. 3 and (In | | ect (I) (Instr. 4) | | |
| Common | Stock | | | | | | | | 650 | | | D | | | | |
| | | Ta | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersl Form: Direct (E or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Options - Right to | \$5.85 | | | | | | 06/04/20 |)12 | 06/04/2019 | Common | 10,000 | | 10,00 | 00 | D | |

Explanation of Responses:

Debra J. Richardson, By Power 02/12/2010 of Attorney

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.