FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OM	1B AP	PROVAL

OMB Number: 3235-0362

1.0

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

AL OWNERSHIP Estimated average burden hours per response:

X	Form 4 Transactions Reported.	

Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

X Form 4 1	Transactions Re	eported.		01 360	11011 30(1	ii) oi tile ii	nvestment Co	прапу ж	01 134								
1. Name and Address of Reporting Person* NOBLE DAVID J			<u>AME</u>	2. Issuer Name and Ticker or Trading Symbol AMERICAN EQUITY INVESTMENT LIFE HOLDING CO [AEL]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
				_			•				<u> </u>	Officer (give title		Other (s	pecify	
(Last) (First) (Middle) 5000 WESTOWN PARKWAY, SUITE 440					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003							below) below) Chairman, CEO & President					
(Street) WEST DES MOINES IA 50266				4. If Ame	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) (State) (Zip)				_													
		Ta	ble I - Non-Dei	rivative S	ecuriti	ies Acq	uired, Dis	posed	of, or	Benef	icially	Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deeme Execution () if any	2A. Deemed Execution Date, if any		4. Secur	4. Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)				5. Amount o Securities Beneficially Owned at en	Form: D (D) or		irect Indi Ben	eficial			
			(MONTH)/Da	(Month/Day/Year)		Amount	nount (A)		or Price		Issuer's Fisc Year (Instr. 3	scal (Instr.		ct (I) Ownership 4) (Instr. 4)			
Common S	Stock											1,227,5	500	D			
Common S	Stock											237,000 I		By Twenty Services			
			Table II - Deriv (e.g.	vative Sec , puts, cal								Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, T		5. Number of Derivative Str. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Month Date (Month/Day/Year) 7. Date Exercisable and Expiration Date (Month/Day/Year) 8. Date Exercisable And Expiration Date (Month/Day/Year			s ecurity	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					(A)	(D)	Date Exercisable	Expiration Date	on Title	N O	Amount or Number of Shares			saction(s) r. 4)			
Options- Right to Buy	\$9	12/09/2003		A	50,000		12/09/2003	12/09/20	13 Cor	nmon	50,000	\$9	50,000		00 D		
Subscription Rights	\$5.33	07/22/2003		4G		50,000	12/01/1997	12/31/20	05 Cor	nmon	50,000	\$5.33	1,058,125		5 D		
Options- Right to Buy	\$3.33						04/30/1997	04/30/20	07 Cor	nmon	600,000		600,000		D		
Options- Right to Buy	\$7.33						04/30/1997	04/30/20	07 Cor	nmon	360,000		360,000		000 D		
Subscription Rights	\$5.33						12/01/1997	12/31/20	05 Cor	nmon 1	1,058,125		1,058,125		3,125 D		
American Equity Capital Trust I 8% Conv TP	\$10						09/30/2002	09/30/20	29 Cor	nmon	12,000		12,000		D D		
American Equity Capital Trust I 8%	\$10						09/30/2002	09/30/20	29 Cor	nmon	6,000		6,000		00 I		

Explanation of Responses:

<u>Debra J. Richardson, by power of attorney</u>

02/13/2004

** 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.