

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211530260

1.) CORPORATION NAME:

American Equity Specialty Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

DUE DATE: **12/31/2011**

SCC ID NO: **F1403247**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	6,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE TOWER SQUARE

CITY/ST/ZIP: HARTFORD, CT 06183-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRIAN W MACLEAN			
TITLE:	P/CEO/CHRMN			
ADDRESS:	ONE TOWER SQUARE			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	WENDY C SKJERVEN			
TITLE:	CORP. SEC			
ADDRESS:	385 WASHINGTON STREET			
CITY/ST/ZIP/CO:	ST PAUL, MN 55102-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAY S BENET			
TITLE:	VC/CFO			
ADDRESS:	ONE TOWER SQUARE			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOHN J ALBANO			
TITLE:	EVP			
ADDRESS:	ONE TOWER SQ			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CHARLES J CLARKE			
TITLE:	VICE CHAIRMN			
ADDRESS:	ONE TOWER SQUARE			
CITY/ST/ZIP/CO:	HARTFORD, CT 06183-			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS K. RUSSELL SVP/CONTROLLER ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. KEITH BELL SVP, ACCT PLCY ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY F. BESSETTE EVP/CAO ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOREEN SPADORCIA EVP ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F SPENCE, III EVP/GEN CNSL 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H. HEYMAN VICE CHAIR/CIO 485 WASHINGTON STREET SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADELYN J. LANKTON EVP/CIO ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM E. CUNNINGHAM, JR. EVP, BI ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C. TOCZYDLOWSKI EVP, PI ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. CLIFFORD, JR. EVP, HR 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SMITESH DAVE VP/CORP ACTUARY ONE TOWER SQUARE HARTFORD, CT 06183-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P. HANNON EVP/BUS CON OFF 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA OLIVO EVP/TREASURER 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W. RYNDA SVP, CORP TAX 385 WASHINGTON STREET ST. PAUL, MN 55102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN D. SCHNITZER VICE CHAIR/CLO 485 LEXINGTON AVENUE SUITE 400 NEW YORK, NY 10017-2630	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ CHARLES J CLARKE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES J CLARKE, VICE CHAIRMAN</u> PRINTED NAME AND CORPORATE TITLE	<u>12/23/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			