

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213518498

1.) CORPORATION NAME:

American Enterprise Services Company

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1707340**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 SIXTH AVENUE

CITY/ST/ZIP: DES MOINES, IA 50309

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.

NAME:	MICHAEL E. ABBOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	601 SIXTH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	CRAIG W. BAINBRIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 SIXTH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	JOSEPH E. BLAIR, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 SIXTH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	TOM D. EILERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 SIXTH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	BRENT B. "CHRIS" GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 SIXTH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	RUSSELL C DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L MAGINN DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A WALKER DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J HALL SECRETARY 601 6TH AVENUE DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN C RICHARDS TREASURER 601 6TH AVENUE DES MOINES, IA 50309	<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.			
/s/ TIMOTHY JHALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY JHALL, PRINTED NAME AND CORPORATE TITLE	4/18/2013 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.			