#### Edgar Filing: RICHARDSON DEBRA J - Form 4

RICHARDS Form 4 January 02, 2		A J										
FORM	1									OMB AF	PROVAL	
	UNI	ITED S	TATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long										Expires:	January 31,	
subject to	GES IN BENEFICIAL OWNE				NERSHIP OF	Estimated average						
Section 16.					SECURITIES					burden hours per		
Form 5 Filed pursuant to Section 16(a) of the Securities					ies F	vchange	e Act of 1934	response	0.5			
obligation	<sup>18</sup> Section	-						•	1935 or Section	1		
may conti <i>See</i> Instru 1(b).	nue.	ζ.			vestment	•	- ·					
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person       2. Issuer Name         RICHARDSON DEBRA J       Symbol					Name and	Ticker or	Tradir	ıg	5. Relationship of Reporting Person(s) to Issuer			
AMERICA					CAN EQ	UITY			(Check all applicable)			
INVESTMENT LIFE HOLDING						(Cheer	leek all applicable)					
				CO [AE	Ľ				_X_ Director		Owner	
(Last)	(First)	below) below)						r (specify				
6000 WEST	OWN PAI	RKWA	Y	(Month/D 12/31/20	-				Executiv	e VP & Secreta	ary	
	(Street)			4. If Ame	ndment, Da	te Original	l		6. Individual or Joi	int/Group Filin	g(Check	
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
WEST DES	MOINES	, IA 502	266						Form filed by M Person			
(City)	(State)	(2	Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transacti (Month/Da			n Date, if	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	spose	d of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
					Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	12/31/20	12			S	500	D	\$ 11.96	113,319	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
RICHARDSON DEBRA J 6000 WESTOWN PARKWAY WEST DES MOINES 1A 50266	Х		Executive VP &				
WEST DES MOINES, IA 50266			Secretary				

### **Signatures**

Debra J. Richardson	01/02/2013
<u>**</u> Signature of Reporting Person	Date

# **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.