

SERFF Tracking Number: AMER-125982004 State: Arkansas
Filing Company: American Investors Life Insurance Company, Inc. State Tracking Number: 41377
Company Tracking Number: AIL APPLICATION 1/09
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: AIL APPLICATION 1/09
Project Name/Number: AIL APPLICATION 1/09/AIL APPLICATION 1/09

Filing at a Glance

Company: American Investors Life Insurance Company, Inc.

Product Name: AIL APPLICATION 1/09 SERFF Tr Num: AMER-125982004 State: ArkansasLH
TOI: A07I Individual Annuities - Special SERFF Status: Closed State Tr Num: 41377
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: AIL APPLICATION 1/09 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Denise Ellis, Stephany Hopkins, Jessica Johnson, Tara Frahm, Christine Adolph Disposition Date: 01/22/2009
Date Submitted: 01/19/2009 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: AIL APPLICATION 1/09 Status of Filing in Domicile: Authorized
Project Number: AIL APPLICATION 1/09 Date Approved in Domicile: 01/16/2009
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 01/22/2009 Deemer Date:
State Status Changed: 01/22/2009
Corresponding Filing Tracking Number:
Filing Description:
RE: American Investors Life Insurance Company, Inc.
Application, 55236 1/09 AR
AMER-125982004
NAIC #60631

SERFF Tracking Number: AMER-125982004 State: Arkansas
Filing Company: American Investors Life Insurance Company, State Tracking Number: 41377
Inc.
Company Tracking Number: AIL APPLICATION 1/09
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: AIL APPLICATION 1/09
Project Name/Number: AIL APPLICATION 1/09/AIL APPLICATION 1/09

The above referenced filing is attached in readability form for the Department's review and approval. This new Application, form 55236 1/09 AR, will be utilized with our annuity Contract forms. The Application has achieved a Flesch Reading Ease Test Score of 53.39. The Kansas Insurance Department approved the Application on 01/16/2009. Application form, 55236 1/09 AR, will replace the following application forms:

Application Form# Approval Date

BPAPP (03/06) 02/07/2006

AILAPP (06/06) 06/15/2006

AILAPP (09/07) 11/05/2007

The required Fraud Warning language has been added to the Application, as well as the applicable company name.

To the best of my knowledge and belief, this filing complies with the rules and regulations of the State of Arkansas. Please let me know if I may be of further assistance. I appreciate your review and subsequent approval.

Company and Contact

Filing Contact Information

Stephany Hopkins, Compliance Associate stephanyh@amerusannuity.com
555 South Kansas Avenue (785) 295-4442 [Phone]
Topeka, KS 66603 (785) 295-4345[FAX]

Filing Company Information

American Investors Life Insurance Company, CoCode: 60631 State of Domicile: Kansas
Inc.
555 South Kansas Avenue Group Code: -99 Company Type: Insurance
Topeka, KS 66603 Group Name: State ID Number:
(785) 295-4352 ext. [Phone] FEIN Number: 48-0696320

Filing Fees

SERFF Tracking Number: AMER-125982004 State: Arkansas
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Inc.
Company Tracking Number: AIL APPLICATION 1/09
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Product Name: AIL APPLICATION 1/09
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 appl. @ \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Investors Life Insurance Company, Inc.	\$50.00	01/19/2009	25104602

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Deferred or Indexed Deferred Annuity		Yes

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Form Schedule

Lead Form Number: AIL APPLICATION 1/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	55236 1/09 AR	Application/ Enrollment Form	Application for Deferred or Indexed Deferred Annuity	Initial		53	55236_109_AR_App.pdf



1 Product

Product Name: _____
Rider(s): _____

2 Annuitant

First Name (as to appear on contract) M.I. Last Name

Date of Birth Social Security Number Male Female

Address

City State Zip Code Phone Number

3 Joint Annuitant

If applicable

First Name (as to appear on contract) M.I. Last Name

Date of Birth Social Security Number Male Female

Address

City State Zip Code Phone Number

4 Owner

If other than
Annuitant

First Name of Individual or Entity M.I. Last Name

Date of Birth Social Security or Tax I.D. Number Male Female Relationship to Annuitant(s)

Address

City State Zip Code Phone Number

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.

5 Joint Owner

Not applicable to
qualified contracts

First Name of Individual or Entity M.I. Last Name

Date of Birth Social Security or Tax I.D. Number Male Female Relationship to Annuitant(s)

Address

City State Zip Code Phone Number



6 Contingent Owner

If Owner and Annuitant are different

First Name of Individual or Entity _____ M.I. _____ Last Name _____
Date of Birth _____ Social Security or Tax I.D. Number _____ Male Female Relationship to Annuitant(s) _____
Address _____
City _____ State _____ Zip Code _____ Phone Number _____

7 Funding Source

Premium Submitted with Application: \$ _____
Anticipated Premium from Transfer: \$ _____

8 Tax Qualification

Select ALL that apply

Non-Qualified 1035 Exchange Internal Conversion Contract Number: _____
 IRA Roth IRA SEP IRA Keogh/HR-10 Other Qualified Plan*
*Owner must be the Plan
Select ALL that apply:
 Contribution for Tax Year: _____
 Rollover (Within 60 days)
 Direct Transfer from IRA/SEP
 Direct Transfer from ROTH IRA
 Roth Conversion
 Direct Transfer from 401(k); HR10; 403(b); Pension Plan

9 Replacement

1. Yes No Do you have an existing life insurance policy or an existing annuity contract?
2. Yes No Will this annuity replace or change an existing life insurance policy or annuity contract?

10 Beneficiaries

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date on the Beneficiary Name line. All beneficiaries must be living at the time of application.

Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %
 Primary Contingent Tertiary
Beneficiary Name _____ SSN or Tax I.D. _____ Relationship to Annuitant(s) _____ %

*The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.

11 Special Instructions



12 Agreements and Signatures

The Owner agrees to the following:

- 1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
- 2. The effective date of the Contract will be the Contract Date set by the Company.
- 3. No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.

AR Residents: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:

I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand that index-linked interest credits will not be credited to any amount withdrawn during a term period and that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to American Investors Life Insurance Company of Topeka, Kansas, Inc.

Signed at: _____ on _____
(city) (state) (date)

Annuitant Signature Joint Annuitant Signature (if applicable)

Owner Signature (if other than Annuitant) Joint Owner Signature (if applicable)

13 Producer Use Only:

- 1. Yes No Does the applicant have an existing life insurance policy or an existing annuity contract?
- 2. Yes No Will this annuity replace or change an existing life insurance policy or annuity contract? (If yes to either question, and if required by state regulation, replacement forms must accompany this application.)

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

Producer Signature Producer Name (print please)

Producer Number Producer Insurance License Number (FL only) Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Producer Insurance License Number (FL only)	Split %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	100%

Option 1 Option 2 Option 3
(If unchecked, the default is Option 1.)



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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

01/09/2009

Comments:

Attachment:

AR_109_Application_SCORECERT..pdf

AMERICAN INVESTORS LIFE INSURANCE COMPANY, INC.
Topeka, Kansas

CERTIFICATION

This is to certify that the attached

has achieved a Flesch Reading Ease Score of _____ and complies with the requirements of
Arkansas Insurance Laws, Chapter 80, cited as the Life and Disability Insurance Policy Language
Simplification Act.

Date

Officer's Name

Randy Matzke, FLMI
Vice Presidet of Product Compliance

Title