

<i>SERFF Tracking Number:</i>	<i>GRAX-126339084</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43749</i>
<i>Company Tracking Number:</i>	<i>R1417607NW</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/R1417607NW</i>		

## Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-126339084	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Accepted	State Tr Num: 43749
	For Informational Purposes	
Sub-TOI: A02I.002 Flexible Premium	Co Tr Num: R1417607NW	State Status: FEES PAID
Filing Type: Form		Reviewer(s): Linda Bird
	Author: SPI	Disposition Date: 10/12/2009
	GreatAmericanFinancialRes	
	Date Submitted: 10/09/2009	Disposition Status: Accepted For Informational Purposes
		Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Annuity Individual Fixed	Status of Filing in Domicile: Pending
Project Number: R1417607NW	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/12/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/12/2009
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	

The purpose of this letter is to notify your department of Annuity Investors Life Insurance Company's intention to update the Explanation of Variables for the above reference rider which was previously approved by your Department on 05/23/2007, under file number 35927.

The updates are to the revised Explanation of Variables which was approved by your Department on 07/28/2009, under file number 43035. These updates include:

SERFF Tracking Number: GRAX-126339084 State: Arkansas  
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43749  
 Company Tracking Number: R1417607NW  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/R1417607NW

- " Rollup Rates - Changing from a range of (2% to 8%) to (2% to 12%)
- " Rollup Period - Changing from a range of (3 to 10 years) to (3 to 15 years)
- " Benefit Waiting period - Changing from a range of (5 to 10 years) to (1 to 10 years)
- " Rider Charge Rates - Changing from a range of (0.25% to 1.50%) to (0.25% to 2.0%)

We certify that this change has no impact on the calculation of reserves or any of the other previously submitted actuarial information for the rider. The ages shown in variable ranges on the Rider Specification page will now be shown variable at singular ages. This may result in a pagination change which could potentially cause the rollover of text to an additional specification page; however, the changes have no substantive impact to the rider language.

This revised Explanation of Variables is enclosed for your records.

## Company and Contact

### Filing Contact Information

Roy Woods, Compliance Analyst rwoods@gafri.com  
 P. O. Box 5420 513-412-2826 [Phone] 12826 [Ext]  
 Cincinnati, OH 45201-5420 513-412-1470 [FAX]

### Filing Company Information

Annuity Investors Life Insurance Company CoCode: 93661 State of Domicile: Ohio  
 P.O. Box 5423 Group Code: 84 Company Type:  
 Cincinnati, OH 45201-5423 Group Name: Great American State ID Number:  
 Financial Resources, Inc.  
 (800) 854-3649 ext. [Phone] FEIN Number: 31-1021738

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity Investors Life Insurance Company	\$50.00	10/09/2009	31192455

SERFF Tracking Number: GRAX-126339084 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43749  
Company Tracking Number: R1417607NW  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/R1417607NW

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/12/2009	10/12/2009

*SERFF Tracking Number:* GRAX-126339084      *State:* Arkansas  
*Filing Company:* Annuity Investors Life Insurance Company      *State Tracking Number:* 43749  
*Company Tracking Number:* R1417607NW  
*TOI:* A02I Individual Annuities- Deferred Non-      *Sub-TOI:* A02I.002 Flexible Premium  
Variable  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/R1417607NW

## **Disposition**

Disposition Date: 10/12/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126339084 State: Arkansas  
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43749  
 Company Tracking Number: R1417607NW  
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/R1417607NW

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	NW - Explanation of Variables		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes

SERFF Tracking Number: GRAX-126339084 State: Arkansas  
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43749  
 Company Tracking Number: R1417607NW  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/R1417607NW

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Not applicable with this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable with this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> Cover Letter.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> NW - Explanation of Variables		
<b>Comments:</b>		
<b>Attachment:</b> NW - Explanation of Variables.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		

*SERFF Tracking Number:* GRAX-126339084      *State:* Arkansas  
*Filing Company:* Annuity Investors Life Insurance Company      *State Tracking Number:* 43749  
*Company Tracking Number:* R1417607NW  
*TOI:* A02I Individual Annuities- Deferred Non-      *Sub-TOI:* A02I.002 Flexible Premium  
Variable  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/R1417607NW

**Comments:**

**Attachments:**

AR - NAIC TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING ATTACHMENT.PDF

*Annuity Investors*<sup>®</sup>  
**LIFE INSURANCE COMPANY**  
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

October 9, 2009

NAIC No. 084-93661  
FEIN No. 31-1021738

Insurance Commissioner Jay Bradford  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Informational Filing - Annuity Investors Life Insurance Company  
R1417607NW – Guaranteed Withdrawal Benefit rider – Explanation of Variables

Dear Insurance Commissioner Bradford:

The purpose of this letter is to notify your department of Annuity Investors Life Insurance Company's intention to update the Explanation of Variables for the above reference rider which was previously approved by your Department on 05/23/2007, under file number 35927.

The updates are to the revised Explanation of Variables which was approved by your Department on 07/28/2009, under file number 43035. These updates include:

- " Rollup Rates - Changing from a range of (2% to 8%) to (2% to 12%)
- " Rollup Period - Changing from a range of (3 to 10 years) to (3 to 15 years)
- " Benefit Waiting period - Changing from a range of (5 to 10 years) to (1 to 10 years)
- " Rider Charge Rates - Changing from a range of (0.25% to 1.50%) to (0.25% to 2.0%)

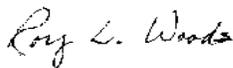
We certify that this change has no impact on the calculation of reserves or any of the other previously submitted actuarial information for the rider. The ages shown in variable ranges on the Rider Specification page will now be shown variable at singular ages. This may result in a pagination change which could potentially cause the rollover of text to an additional specification page; however, the changes have no substantive impact to the rider language.

This revised Explanation of Variables is enclosed for your records.

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at [rwoods@gafri.com](mailto:rwoods@gafri.com).

Sincerely,



Roy L. Woods  
Compliance Analyst

**ROY L. WOODS , COMPLIANCE ANALYST**  
**(800) 854-3649 (TOLL FREE - EXT. 12826)**  
**(513) 412-2826 (DIRECT DIAL) \* (513) 412-1470 FAX**

**Explanation of Variables  
Guaranteed Withdrawal Benefit Rider  
Rider Form No. R1417607NW**

**BRACKETS**

- Hard Brackets [ ] – Denote that provision or text is variable.

**RIDER**

**Specifications Page**

- Insured – Will insert name of the owner of the contract (disregard any joint owner), who is the Insured under the GWB Rider
- Annuity Contract Number -- Will insert contract number of the base annuity contract.
- Rider Effective Date – Will insert the Rider Effective Date.
- Rollup Rates – Will insert the percentage used to calculate the Rollup amount for a Rider Year. The Rollup Rate for Declared Rate Strategies may be different than the Rollup Rate for Indexed Strategies. Will be set at issue and not changed during the lifetime of the contract. (2% to 12%)
- Rollup Period – Will insert the maximum number of years the Rollup amount will be added to the Benefit Base Amount. Will be set at issue and not changed during the lifetime of the contract. (3 to 15 years)
- Reset Option – Will insert the times that the Reset Option is available. Will be set at issue and not changed during the lifetime of the contract. (specific intervals within a time period beginning no earlier than the 1<sup>st</sup> Rider Year and not extending beyond the 20<sup>th</sup> Rider Year)
- Benefit Waiting Period - Will insert the period of time that the insured must wait before requesting benefits under this rider. Will be set at issued and not changed during the lifetime of the contract. (1 – 10 years)
- Benefit Percentage – Will insert the percentage of the Benefit Base Amount available within a Benefit Year on Benefit Start Date by age and benefit option. Will be set at issue and not changed during lifetime of the contract. (3% to 8%).
- Rider Charge Rates – Will insert the percentage of the Benefit Base Amount to be charged for this rider. An initial percentage will be set at issue. We may change the Rider Charge Rates when values are reset up to the maximum percentage listed. The maximum percentage will be set at issue and not changed during the lifetime of the contract. (0.25% to 2.0%)

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Annuity Investors Life Insurance Company P.O. Box 5423 Cincinnati OH 45201-5423	OH	Annuity	084	93661	31-1021738	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Roy L. Woods P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 12826	513-412-1470	rwoods@gafri.com

<b>5. Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	R1417607NW
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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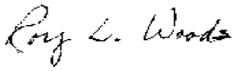
<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large											
<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket											
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust												
<input type="checkbox"/> Other: _____													

<b>9. Type of Insurance</b>	A02I Individual Annuities- Deferred Non-Variable
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<b>10. Product Coding Matrix Filing Code</b>	A02I.002 Flexible Premium
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<b>11. Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	10/9/2009
13.	<b>Filing Fee (If required)</b>	Amount <u>\$50.00</u> Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>EFT</u>
14.	<b>Date of Domiciliary Approval</b>	Pending
15.	<b>Filing Description:</b>	
<p>The purpose of this letter is to notify your department of Annuity Investors Life Insurance Company's intention to update the Explanation of Variables for the above referenced rider which was previously approved by your Department on 05/23/2007, under file number 35927.</p> <p>The updates are to the revised Explanation of Variables which was approved by your Department on 07/28/2009, under file number 43035. These updates include:</p> <ul style="list-style-type: none"> <li>" Rollup Rates - Changing from a range of (2% to 8%) to (2% to 12%)</li> <li>" Rollup Period - Changing from a range of (3 to 10 years) to (3 to 15 years)</li> <li>" Benefit Waiting period - Changing from a range of (5 to 10 years) to (1 to 10 years)</li> <li>" Rider Charge Rates - Changing from a range of (0.25% to 1.50%) to (0.25% to 2.0%)</li> </ul> <p>We certify that this change has no impact on the calculation of reserves or any of the other previously submitted actuarial information for the rider. The ages shown in variable ranges on the Rider Specification page will now be shown variable at singular ages. This may result in a pagination change which could potentially cause the rollover of text to an additional specification page; however, the changes have no substantive impact to the rider language.</p> <p>This revised Explanation of Variables is enclosed for your records.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Roy L. Woods</u> Title <u>Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>10/9/2009</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	R1417607NW	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	