

SERFF Tracking Number: GRAX-126382278 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 44075
 Company Tracking Number: E6027909NW
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E6027909NW

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Annuity Individual Fixed

SERFF Tr Num: GRAX-126382278 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 44075

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: E6027909NW

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI

Disposition Date: 11/16/2009

GreatAmericanFinancialRes

Date Submitted: 11/12/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed

Status of Filing in Domicile: Pending

Project Number: E6027909NW

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 11/16/2009

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Deemer Date:

Created By: SPI GreatAmericanFinancialRes

Submitted By: SPI GreatAmericanFinancialRes

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

Form E6027909NW will be used with individual fixed deferred annuity contracts. This form will be used with both existing products and products we may develop in the future, in instances where a 403(b) tax-qualified annuity is sold.

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This form relates to a change in federal tax law in the Worker, Retiree, and Employer Recovery Act of 2008 (enacted in December of 2008), which modified the required minimum distribution rules of Section 401(a)(9) of the Internal Revenue Code to provide that 403(b) tax-sheltered annuities and other qualified retirement plans may allow the required minimum distribution for 2009 to be waived. However, in order for a tax-sheltered annuity or retirement plan to allow the owner or participant to exercise this choice, the annuity contract or plan must be amended by the last day of the 2011 plan year (or by the last day of the 2012 plan year for governmental plans). This endorsement is to ensure that our 403(b) tax-sheltered annuity contract owners have the choice to waive the 2009 required minimum distribution without incurring a tax penalty. It will be added to all existing 403(b) tax-sheltered annuity contracts for those who may otherwise be subject to the required minimum distribution rules for 2009 (generally those who are age 70½ or older in 2009, or have died). Please note that this endorsement gives the choice to the owner, and it expands and does not in any way reduce the owner's rights under the existing contract.

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

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
 P. O. Box 5420 Group Code: 84 Company Type:
 Cincinnati, OH 45201 Group Name: Great American State ID Number:
 Financial Resources, Inc.
 (800) 854-3649 ext. [Phone] FEIN Number: 63-0343428

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$50.00	11/12/2009	31995502

SERFF Tracking Number: GRAX-126382278 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

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Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126382278 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Form	RMD Waiver Endorsement		Yes

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Form Schedule

Lead Form Number: E6027909NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	E6027909NW	Policy/Cont	RMD Waiver	Initial		52.900	E6027909NW
	W	ract/Fratern	Endorsement				.PDF
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



LOYAL AMERICAN LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio

Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

RMD WAIVER ENDORSEMENT

To add language to set out the ability to choose not to take a required minimum distribution for 2009, as permitted by the Worker, Retiree, and Employer Recovery Act of 2008, your annuity contract is changed to add the following new provision:

WAIVER OF 2009 REQUIRED MINIMUM DISTRIBUTIONS. If you or your beneficiary would have been required to receive a required minimum distribution for 2009, then you or your beneficiary may choose not to take it. If you receive a required minimum distribution for 2009, then you may treat it as an eligible rollover distribution.

This Endorsement is part of your contract. It is not a separate contract. It changes your contract only as and to the extent stated. In all cases of conflict with the other terms of your contract, the provisions of this Endorsement shall control.

Signed for us at our office as of the date of issue.

A handwritten signature in black ink, appearing to read "Mark F. Muething".

MARK F. MUETHING
SECRETARY

A handwritten signature in black ink, appearing to read "Charles R. Scheper".

CHARLES R. SCHEPER
PRESIDENT

SERFF Tracking Number: GRAX-126382278 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

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

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
Cover Letter.PDF		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable with this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:		

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Attachments:

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

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Loyal American Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
E6027909NW	52.9

Signed: 
Name: John P Gruber
Title: Vice President
Date: 11/12/2009



LOYAL AMERICAN LIFE INSURANCE COMPANY

A Stock Insurance Company
Administrative Office:
P.O. Box 5420, Cincinnati, Ohio 45201-5420

November 12, 2009

NAIC No. 084-65722
FEIN No. 63-0343428

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

RE: Request For Approval - Loyal American Life Insurance Company
E6027909NW RMD Waiver Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

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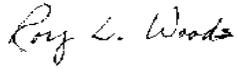
This form relates to a change in federal tax law in the Worker, Retiree, and Employer Recovery Act of 2008 (enacted in December of 2008), which modified the required minimum distribution rules of Section 401(a)(9) of the Internal Revenue Code to provide that 403(b) tax-sheltered annuities and other qualified retirement plans may allow the required minimum distribution for 2009 to be waived. However, in order for a tax-sheltered annuity or retirement plan to allow the owner or participant to exercise this choice, the annuity contract or plan must be amended by the last day of the 2011 plan year (or by the last day of the 2012 plan year for governmental plans). This endorsement is to ensure that our 403(b) tax-sheltered annuity contract owners have the choice to waive the 2009 required minimum distribution without incurring a tax penalty. It will be added to all existing 403(b) tax-sheltered annuity contracts for those who may otherwise be subject to the required minimum distribution rules for 2009 (generally those who are age 70½ or older in 2009, or have died). Please note that this endorsement gives the choice to the owner, and it expands and does not in any way reduce the owner's rights under the existing contract.

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

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

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.

Sincerely,

A handwritten signature in black ink that reads "Roy L. Woods". The signature is written in a cursive style with a large initial "R".

Roy L. Woods
Compliance Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Loyal American Life Insurance Company P. O. Box 5420 Cincinnati OH 45201	OH	Annuity	084	65722	63-0343428	

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

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	E6027909NW
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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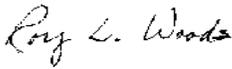
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9. Type of Insurance	A10 Annuities - Other
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10. Product Coding Matrix Filing Code	A10.000 Annuities - Other
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11. Submitted Documents	<input type="checkbox"/> FORMS <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"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	11/12/2009
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
<p>Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.</p> <p>Form E6027909NW will be used with individual fixed deferred annuity contracts. This form will be used with both existing products and products we may develop in the future, in instances where a 403(b) tax-qualified annuity is sold.</p> <p>This form relates to a change in federal tax law in the Worker, Retiree, and Employer Recovery Act of 2008 (enacted in December of 2008), which modified the required minimum distribution rules of Section 401(a)(9) of the Internal Revenue Code to provide that 403(b) tax-sheltered annuities and other qualified retirement plans may allow the required minimum distribution for 2009 to be waived. However, in order for a tax-sheltered annuity or retirement plan to allow the owner or participant to exercise this choice, the annuity contract or plan must be amended by the last day of the 2011 plan year (or by the last day of the 2012 plan year for governmental plans). This endorsement is to ensure that our 403(b) tax-sheltered annuity contract owners have the choice to waive the 2009 required minimum distribution without incurring a tax penalty. It will be added to all existing 403(b) tax-sheltered annuity contracts for those who may otherwise be subject to the required minimum distribution rules for 2009 (generally those who are age 70½ or older in 2009, or have died). Please note that this endorsement gives the choice to the owner, and it expands and does not in any way reduce the owner's rights under the existing contract.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY 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>11/12/2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E6027909NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	RMD Waiver Endorsement	E6027909NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	