

<i>SERFF Tracking Number:</i>	<i>GRAX-126210493</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Loyal American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42806</i>
<i>Company Tracking Number:</i>	<i>R6026309NW</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/R6026309NW</i>		

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-126210493	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 42806
Sub-TOI: A02I.002 Flexible Premium	Co Tr Num: R6026309NW	State Status: Approved-Closed
Filing Type: Form	Author: SPI	Reviewer(s): Linda Bird
	GreatAmericanFinancialRes	Disposition Date: 07/01/2009
	Date Submitted: 06/30/2009	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: R6026309NW	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: 07/01/2009	Explanation for Other Group Market Type:
Deemer Date:	State Status Changed: 07/01/2009
Submitted By: SPI GreatAmericanFinancialRes	Created By: SPI GreatAmericanFinancialRes
Filing Description:	Corresponding Filing Tracking Number:

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. This form was filed in Ohio, our state of domicile, on 06/29/2009.

Form R6026309NW is a Waiver of Early Withdrawal Charges for Extended Care Rider. This rider is intended for use

SERFF Tracking Number: GRAX-126210493 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 42806
 Company Tracking Number: R6026309NW
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/R6026309NW

with all previously approved individual deferred fixed annuity contracts that contain a guaranteed minimum surrender value and any individual deferred fixed annuity contracts with a guaranteed minimum surrender value that we may develop in the future. This rider will be used for new issues only. This rider will be automatically added to all newly issued contracts and there is no cost to the owner for this benefit.

This rider is identical to the previously approved Waiver of Early Withdrawal Charges for Extended Care Rider (form R6020908NW, approved by your department on 03/05/2008, under filing #38284), with the exception of the following language being added at the end of the Extended Care Waiver provision of the rider:

"This waiver, when available, is in lieu of, and not in addition to, the free withdrawal allowance under the Contract. The Guaranteed Minimum Surrender Value, if any, will be calculated as if the Early Withdrawal Charges were not waived."

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	06/30/2009	28891151

SERFF Tracking Number: GRAX-126210493 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 42806
Company Tracking Number: R6026309NW
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/R6026309NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/01/2009	07/01/2009

SERFF Tracking Number: GRAX-126210493 *State:* Arkansas
Filing Company: Loyal American Life Insurance Company *State Tracking Number:* 42806
Company Tracking Number: R6026309NW
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/R6026309NW

Disposition

Disposition Date: 07/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126210493 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 42806
 Company Tracking Number: R6026309NW
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/R6026309NW

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Form	Waiver of Early Withdrawal Charges for Extended Care Rider		Yes



LOYAL AMERICAN LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio

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

WAIVER OF EARLY WITHDRAWAL CHARGES FOR EXTENDED CARE RIDER

The annuity contract ("Contract") is changed by this Waiver of Early Withdrawal Charges for Extended Care Rider (this "Rider") to add the following new provisions:

Extended Care Waiver

Upon your Written Request, we will waive the Early Withdrawal Charges that may otherwise apply under the Contract to a withdrawal, surrender, or annuitization if at the time of such withdrawal, surrender, or annuitization or within the immediately preceding ninety (90) days all of the following conditions are met:

- 1) an Insured is confined to a Long-Term Care Facility or Hospital;
- 2) the confinement is prescribed by a Physician and is Medically Necessary;
- 3) the first day of the confinement was at least one (1) year after the effective date of the Contract; and
- 4) the confinement has continued for a period of at least ninety (90) consecutive days.

You must provide us with proof of confinement that meets these conditions. The proof must be satisfactory to us. Your Written Request and satisfactory proof must be provided to us before the date of the withdrawal, surrender, or annuitization. This waiver, when available, is in lieu of, and not in addition to, the free withdrawal allowance under the Contract. The Guaranteed Minimum Surrender Value, if any, will be calculated as if the Early Withdrawal Charges were not waived.

Definitions

Capitalized terms not defined in this Rider have the same meaning as such terms are defined in the Contract. The following additional definitions apply to this Rider:

Insured: An individual whose confinement is used to qualify for benefits under this Rider. Each Owner or joint owner of the Contract on the date that this Rider is issued who is a natural person is an Insured. If on the date that this Rider is issued you or a joint owner is a non-natural person, then each Annuitant on such date who is a natural person is an Insured. For this purpose, an individual acting as a trustee or plan sponsor is not treated as a natural person. Except as provided for a spouse who becomes successor owner, no person may become an Insured after the date that the Rider is issued. If the spouse of the person who is the Insured on the date that this Rider is issued becomes the successor owner of the Contract in lieu of a death benefit, then that spouse will become the Insured.

Early Withdrawal Charge: An early withdrawal charge, surrender charge, premature use charge, or contingent deferred sales charge that may apply to a withdrawal, surrender, or annuitization under the Contract. It does not include a proportional reduction in values or benefits. It does not include a market value adjustment.

Long-Term Care Facility: A Skilled Nursing Facility or an Intermediate Care Facility, other than a facility that:

- 1) primarily treats drug addicts or alcoholics;
- 2) is a home for the aged or mentally ill, a community living center, or primarily provides residential care or retirement care; or
- 3) is owned or operated by the Owner, joint owner, or an Insured, or a Family Member of the Owner, joint owner, or an Insured.

Skilled Nursing Facility: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as a Skilled Nursing Facility under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.);
- 4) it maintains a daily medical record of each patient; and
- 5) it provides skilled nursing care under the supervision of a Physician.

Intermediate Care Facility: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as an Intermediate Care Facility under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); and
- 4) it maintains a daily medical record of each patient.

Hospital: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as a hospital under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.);
- 4) it operates primarily for the care and treatment of sick and injured persons as inpatients for a charge;
- 5) it maintains, or has access to, medical, diagnostic, and major surgical facilities; and
- 6) it is supervised by a staff of Physicians.

Physician: A person who is licensed in the United States as a medical doctor (M.D.) or a doctor of osteopathy (D.O.) and who is practicing within the scope of his or her license. The term "Physician" does not include an Owner or joint owner, an Insured, a Family Member of an Owner, joint owner, or Insured, or an employee, officer, director, owner, partner, member, or agent of a non-natural Owner or joint owner.

Medically Necessary: Care that is:

- 1) appropriate and consistent with the diagnosis of a Physician;
- 2) in accord with accepted standards of practice; and
- 3) could not be omitted without adversely affecting the condition of the Insured.

Family Member: A spouse, child, parent, grandparent, grandchild, sibling, aunt, uncle, first cousin, niece, or nephew, or any such relative by marriage or adoption, including in-laws and step-relatives.

Termination

- 1) This Rider will terminate and have no value when one of the following occurs:
- 2) you transfer or assign an interest in the Contract, unless to an Insured.
- 3) the Early Withdrawal Charge period ends and no further Early Withdrawal Charge period will apply under the Contract;
- 4) you surrender or annuitize the Contract; or
- 5) a death that would give rise to a death benefit under the Contract, unless a spouse of the Insured becomes the successor owner of the Contract.

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

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



**MARK F. MUETHING
SECRETARY**



**CHARLES R. SCHEPER
PRESIDENT**

<i>SERFF Tracking Number:</i>	<i>GRAX-126210493</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>R6026309NW</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/R6026309NW</i>		

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: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:		
Attachments:		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
Cover Letter.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
R6026309NW	54.1

Signed: 
Name: John P Gruber
Title: Vice President
Date: 6/30/2009

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	R6026309NW
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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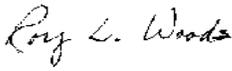
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> 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: _____													

9. Type of Insurance	A02I Individual Annuities- Deferred Non-Variable
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10. Product Coding Matrix Filing Code	A02I.002 Flexible Premium
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" 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 checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	6/30/2009
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. This form was filed in Ohio, our state of domicile, on 06/29/2009.</p> <p>Form R6026309NW is a Waiver of Early Withdrawal Charges for Extended Care Rider. This rider is intended for use with all previously approved individual deferred fixed annuity contracts that contain a guaranteed minimum surrender value and any individual deferred fixed annuity contracts with a guaranteed minimum surrender value that we may develop in the future. This rider will be used for new issues only. This rider will be automatically added to all newly issued contracts and there is no cost to the owner for this benefit.</p> <p>This rider is identical to the previously approved Waiver of Early Withdrawal Charges for Extended Care Rider (form R6020908NW, approved by your department on 03/05/2008, under filing #38284), with the exception of the following language being added at the end of the Extended Care Waiver provision of the rider:</p> <p>"This waiver, when available, is in lieu of, and not in addition to, the free withdrawal allowance under the Contract. The Guaranteed Minimum Surrender Value, if any, will be calculated as if the Early Withdrawal Charges were not waived."</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>6/30/2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	R6026309NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Waiver of Early Withdrawal Charges for Extended Care Rider	R6026309NW	<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 _____	



LOYAL AMERICAN LIFE INSURANCE COMPANY

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

June 30, 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
R6026309NW Waiver of Early Withdrawal Charges for Extended Care Rider

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. This form was filed in Ohio, our state of domicile, on 06/29/2009.

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"This waiver, when available, is in lieu of, and not in addition to, the free withdrawal allowance under the Contract. The Guaranteed Minimum Surrender Value, if any, will be calculated as if the Early Withdrawal Charges were not waived."

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.

Sincerely,

A handwritten signature in cursive script that reads "Roy L. Woods".

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