

SERFF Tracking Number: GRAX-126219140 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
Company Tracking Number: A1818609NW
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818609NW

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Variable

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: GRAX-126219140 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 42860

Co Tr Num: A1818609NW

Author: SPI

GreatAmericanFinancialRes

Date Submitted: 07/07/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/22/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Annuity Individual Variable

Project Number: A1818609NW

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/22/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Created By: SPI GreatAmericanFinancialRes

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI GreatAmericanFinancialRes

Filing Description:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number A1814907NW which was approved with the forms listed below. 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 will be used with the following approved variable annuity products, as well as variable annuity contracts approved in the future. We have included the approval dates and state file number for your ease of reference:

SERFF Tracking Number: GRAX-126219140 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
 Company Tracking Number: A1818609NW
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Annuity Individual Variable
 Project Name/Number: Annuity Individual Variable/A1818609NW

FORM NUMBER	APPROVAL DATE	FILE NUMBER
P1814507NW	01/26/2008	37865
P1814607NW	02/07/2008	37950
P1814707NW	01/14/2008	37596
P1814807NW	01/26/2008	37864

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	

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	07/07/2009	29027859

SERFF Tracking Number: GRAX-126219140 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
Company Tracking Number: A1818609NW
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818609NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2009	07/22/2009

SERFF Tracking Number: GRAX-126219140 *State:* Arkansas
Filing Company: Annuity Investors Life Insurance Company *State Tracking Number:* 42860
Company Tracking Number: A1818609NW
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818609NW

Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126219140 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
 Company Tracking Number: A1818609NW
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: Annuity Individual Variable
 Project Name/Number: Annuity Individual Variable/A1818609NW

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
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	Order Ticket for Flexible Premium Variable Annuity		Yes

SERFF Tracking Number: GRAX-126219140 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
 Company Tracking Number: A1818609NW
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: Annuity Individual Variable
 Project Name/Number: Annuity Individual Variable/A1818609NW

Form Schedule

Lead Form Number: A1818609NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A1818609N	Application/	Order Ticket for	Initial		0.000	A1818609NW
	W	Enrollment	Flexible Premium				.PDF
		Form	Variable Annuity				

Annuity Investors Life Insurance Company[®]

Administrative Address: P.O. Box 5423, Cincinnati, Ohio 45201-5423



[Order Ticket] For Flexible Premium Variable Annuity

1. Owner

Primary Owner/Trust Name
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____
 E-mail Address _____

Joint Owner (only available for Non-Qualified contracts)
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____
 E-mail Address _____

2. Annuitant (if other than Owner)

Primary Annuitant
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____

Joint Annuitant (only available for Non-Qualified contracts)
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____

3. Employer Information

Employer Name _____
 Tax ID # _____

Address _____
 City _____ State _____ Zip _____

4. Contract Information

A.. Product Name Transition 20] Flex(b)]
 Contributor Plus] Access 100]

[B. Optional Benefits: Enhanced Death Benefit Rider]

C. Initial Purchase Payment
 Amount \$ _____
 (amount paid with this order ticket or rollover amount)

Salary Reduction/Flexible Purchase Payment(s)
 (For savings/checking account deductions, please complete the
 Request For Automated Premium Contributions form.)
 Periodic Payment Amount \$ _____
 Projected Annual Purchase Payment \$ _____
 First Payment Date: _____
 Frequency: _____

D. Tax Qualification for New Annuity
 Non-Qualified] IRA]
 TSA 403(b)] Roth IRA]
 ROTH TSA 403(b)] SIMPLE IRA]
 401] SEP IRA]
 457]
 Other (please specify)] _____

E. Source of Tax Qualified Contributions
 Employer Employee Both

F. Special Requests

5. Beneficiary (P-Primary, C-Contingent)

If the beneficiary listed below is not designated as a Primary or Contingent beneficiary, it will automatically default to a Primary designation. All shares will be divided equally unless otherwise noted in the space provided.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date AND provide copies of the first page and signature pages of the trust. If the owner of the contract applied for is a trust, the trust must be designated as the primary beneficiary.

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage _____ %
Name _____		
Address _____		
City _____	State _____	Zip _____
SSN _____	Relationship _____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage _____ %
Name _____		
Address _____		
City _____	State _____	Zip _____
SSN _____	Relationship _____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage _____ %
Name _____		
Address _____		
City _____	State _____	Zip _____
SSN _____	Relationship _____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage _____ %
Name _____		
Address _____		
City _____	State _____	Zip _____
SSN _____	Relationship _____	

6. Existing Insurance/Replacement

A. For order tickets signed in [AL, AK, AZ, CO, HI, IA, KY, LA, ME, MD, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VT, VA, WV or WI], answer only question # 1.

1. Do you have any existing life insurance policies or individual annuity contracts currently in force with this Company or any other company? Yes No

If "Yes" to # 1, complete the Important Notice Replacement of Life Insurance or Annuities. Your agent must be present and read the Notice to you unless you voluntarily waive this step.

B. For order tickets signed in [AR, CA, CT, DE, DC, FL, GA, ID, IL, IN, KS, MA, MI, MN, MO, NV, ND, OK, PA, SC, SD, TN, WA or WY], answer only question # 2.

2. Will this contract replace or use cash values of any existing life insurance or annuity with this Company or any other company? Yes No

If "Yes" to # 2, please provide company name and policy/contract #, and complete the appropriate Replacement Notice.

Company _____
 Policy/Contract # _____

7. Notices (Please review the notice that applies to your state.)

Arizona Residents: Upon written request, we will provide factual information within a reasonable time regarding the benefits and provisions of the Contract. If for any reason you are not satisfied, you may return it within ten (10) days or within 30 days if the contract holder is age 65 or older on the date of the application for the annuity contract, after the Contract is delivered to you and receive a refund of all monies paid.

Arkansas, Louisiana and New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an order ticket for insurance is guilty of a crime and may be subject to civil and criminal penalties.

California Residents Age 65 or Older: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of an annuity or life insurance product may have tax consequences, early withdrawal penalty, or other costs or penalties. We recommend that you consult independent legal or financial advice before selling or liquidating any assets to fund the purchase of any life insurance or annuity product.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii Residents: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an order ticket for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an order ticket for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents: Any person who includes any false or misleading information on an order ticket for an insurance policy is subject to criminal and civil penalties.

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an order ticket or files a claim containing any false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

8. Portfolio Rebalancing

Minimum Account Value required to activate Portfolio Rebalancing is \$10,000.

Portfolio Rebalancing may not be available in conjunction with Dollar Cost Averaging.

Portfolio Rebalancing may not be available in conjunction with other optional systematic transfer options.

Please read this option carefully to determine if it is appropriate for you.

_____ Initial here to activate Portfolio Rebalancing

If this option is selected, the Owner's Account Value will be automatically rebalanced to maintain the allocation percentage levels as indicated in the Allocation Instructions on the [XXXXX form]. Portfolio Rebalancing will occur on the last valuation date of each calendar quarter. If Portfolio Rebalancing is selected, the total value of all subaccounts will be included in the rebalancing process.

9. Systematic Programs

Dollar Cost Averaging and Interest Sweep programs are available. To enroll in either of these programs please complete the Account Service Options form.

10. Consent to Delivery in Electronic Media

_____ By initialing here, you (1) acknowledge receipt of the applicable variable annuity prospectus in electronic format; (2) consent to the delivery of documents and notices related to this Contract, including, but not limited to, any prospectus, supplement thereto, statement of additional information or other information required to be furnished to contract owners, in electronic format where available instead of paper copies; and (3) confirm that you have Internet access. Electronically formatted documents will be in Portable Document Format (PDF) at the Annuity Investors Life Insurance Company® web site www.GAFRI.com. Adobe Acrobat®

Reader software is needed to view and print PDF files, and can be downloaded free of charge at www.adobe.com. Current versions of these documents will be made continuously available at our website and when new or amended documents are available, notice will be mailed to your address of record via U.S. Mail. You may incur costs for using your Internet Service Provider, but there is no charge to access the GAFRI web site. Contact Annuity Investors® Life any time at (800) 789-6771 to update your personal information, to receive without charge a paper copy of any document delivered in electronic format or to revoke your consent to delivery in electronic media.

11. Agreement

I certify that I have read the statements and that my answers to the questions on this order ticket are true and complete. If this Contract is issued in connection with an Employer's retirement plan, I understand that the Company issuing the Contract is not responsible for tax and legal aspects or proper administration of the Employer's plan or providing administrative or other services to it, except to the limited extent provided by the Contract.

The Contract I am purchasing is suitable for my investment objectives and financial situation. I ACKNOWLEDGE RECEIPT OF A CURRENT PROSPECTUS. I UNDERSTAND THAT ALL VALUES INCLUDING THE DEATH BENEFIT, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUT, ARE VARIABLE AND NOT GUARANTEED AS TO THE DOLLAR AMOUNT.

_____ Please initial here if you wish to give the registered representative identified below authorization to make transfers on your behalf and at your direction, on this Contract.

Signed at (city) _____ (state) _____

Owner's Signature

Date _____

Joint Owner/Plan Administrator's Signature (if applicable)

Date _____

12. Agent's Statement

To the best of my knowledge and belief, (1) the purchaser(s) does does not have any existing life insurance policies or annuity contracts currently in force with this or any other company; and (2) the annuity being purchased is is not intended to replace or use cash values of any existing life insurance or annuity with this or any other company. If the purchaser(s) does have existing life insurance policies or annuity contracts, please read the appropriate replacement forms to the purchaser(s) (unless voluntarily waived) and complete the appropriate replacement forms. If the annuity being purchased is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

I hereby certify that in connection with my presentation to the purchaser(s) herein, I only used sales material that was previously approved by the Company and that I left with the purchaser(s) a copy of all sales material used in my presentation. ("Sales material" means a sales illustration and other written, printed or electronically presented information created, completed or provided by the Company or the agent and is used in the presentation to the purchaser in connection with the contract purchased).

I further certify that this transaction is in accord with the Company's policy with respect to the acceptability and appropriateness of replacements.

1st Agent's Name (please print) _____

Agent's Signature _____

Date _____

Agent Code # _____ Commission Split _____ %

Phone _____

E-Mail Address _____

2nd Agent's Name (please print) _____

Agent's Signature _____

Date _____

Agent Code # _____ Commission Split _____ %

Phone _____

E-Mail Address _____

13. For MGA/Agent Use Only (Commission Structure Codes)

NT T1 T2

SERFF Tracking Number: GRAX-126219140 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42860
 Company Tracking Number: A1818609NW
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: Annuity Individual Variable
 Project Name/Number: Annuity Individual Variable/A1818609NW

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF</p>		
<p>Satisfied - Item: Application Comments: See Forms Tab.</p>		
<p>Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT Comments: Attachments: AR - NAIC TRANSMITTAL DOCUMENT.PDF AR - NAIC FORM FILING ATTACHMENT.PDF</p>		
<p>Satisfied - Item: Cover Letter Comments: Attachment: Cover Letter.PDF</p>		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Annuity Investors 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
A1818609NW	52.9

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 7/7/2009

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only	
	State Tracking ID	

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

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): _____
---------------------------------	--

6. Company Tracking Number	A1818609NW
-----------------------------------	------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
-----------	--

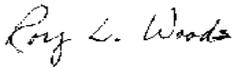
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
------------------	--	---

9. Type of Insurance	A03I Individual Annuities - Deferred Variable
-----------------------------	---

10. Product Coding Matrix Filing Code	A03I.002 Flexible Premium
--	---------------------------

11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" 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: _____
--------------------------------	---

12.	Filing Submission Date	7/7/2009															
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	N/A															
15.	Filing Description:																
	<p>Enclosed for your review and approval, please find the form referenced above. This form will replace form number A1814907NW which was approved with the forms listed below. 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>This form will be used with the following approved variable annuity products, as well as variable annuity contracts approved in the future. We have included the approval dates and state file number for your ease of reference:</p> <table border="0"> <thead> <tr> <th>FORM NUMBER</th> <th>APPROVAL DATE</th> <th>FILE NUMBER</th> </tr> </thead> <tbody> <tr> <td>P1814507NW</td> <td>01/26/2008</td> <td>37865</td> </tr> <tr> <td>P1814607NW</td> <td>02/07/2008</td> <td>37950</td> </tr> <tr> <td>P1814707NW</td> <td>01/14/2008</td> <td>37596</td> </tr> <tr> <td>P1814807NW</td> <td>01/26/2008</td> <td>37864</td> </tr> </tbody> </table>		FORM NUMBER	APPROVAL DATE	FILE NUMBER	P1814507NW	01/26/2008	37865	P1814607NW	02/07/2008	37950	P1814707NW	01/14/2008	37596	P1814807NW	01/26/2008	37864
FORM NUMBER	APPROVAL DATE	FILE NUMBER															
P1814507NW	01/26/2008	37865															
P1814607NW	02/07/2008	37950															
P1814707NW	01/14/2008	37596															
P1814807NW	01/26/2008	37864															

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>7/7/2009</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	A1818609NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Order Ticket for Flexible Premium Variable Annuity	A1818609NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	A1814907NW
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 _____	

Annuity Investors®

LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

July 7, 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: Request For Approval - Annuity Investors Life Insurance Company
A1818609NW Order Ticket for Flexible Premium Variable Annuity

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number A1814907NW, which was filed with the forms listed below. 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 will be used with the following approved variable annuity products, as well as variable annuity contracts approved in the future. We have included the approval dates and state file number for your ease of reference:

<u>FORM NUMBER</u>	<u>APPROVAL DATE</u>	<u>FILE NUMBER</u>
P1814507NW	01/26/2008	37865
P1814607NW	02/07/2008	37950
P1814707NW	01/14/2008	37596
P1814807NW	01/26/2008	37864

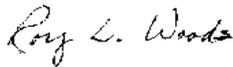
The Order Ticket has been redesigned. Some of the differences between the currently approved form and the form submitted for your review include:

- " Some sections have been re-ordered
- " Revised Beneficiary information
- " Allocation Elections section has been removed (Allocation choices will be presented to the potential owner via an administrative form.)
- " Consent to Delivery in Electronic Media section has been revised
- " Formatting changes to a two-column form

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,



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