

SERFF Tracking Number: GRAX-126229094 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 42963  
Company Tracking Number: A2014109NW  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Group Annuity Variable  
Project Name/Number: Group Annuity Variable/A2014109NW

## Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Group Annuity Variable SERFF Tr Num: GRAX-126229094 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 42963  
Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: A2014109NW State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI

Disposition Date: 07/24/2009

GreatAmericanFinancialRes

Date Submitted: 07/15/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Group Annuity Variable

Status of Filing in Domicile: Not Filed

Project Number: A2014109NW

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association, Employer

Filing Status Changed: 07/24/2009

Explanation for Other Group Market Type:

State Status Changed: 07/24/2009

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 number A2014109NW is a group variable annuity enrollment form. It will be used to apply for the following form numbers, as well as any Certificates of Participation under a Group Flexible Premium Deferred Variable Annuity Contract that may be approved in the future. For your convenience, we have provided the date the forms were

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approved for use in your state and the applicable file number.

Form Numbers	Approval Date	File Number
G800(95)-3/C800(95)-3	05/24/1996	N/A
G801-BD-(97)-3/C801-BD-(97)-3	04/23/1997	N/A
G802(99)-3/C802(99)-3	06/15/1999	N/A
G803(98)-3/C803(98)-3	04/22/1998	N/A
G2010407NW/C2010507NW	02/14/2007	35019
G2012108NW/C2012208NW	03/05/2008	38042
P2008603NW/P2008703NW	04/15/2004	N/A
P2008803NW/P2008903NW	03/01/2004	AID #25508

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

## 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

*SERFF Tracking Number:* GRAX-126229094      *State:* Arkansas  
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*TOI:* A03G Group Annuities - Deferred Variable      *Sub-TOI:* A03G.002 Flexible Premium  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity Investors Life Insurance Company	\$50.00	07/15/2009	29203098

SERFF Tracking Number: GRAX-126229094 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/24/2009	07/24/2009

*SERFF Tracking Number:* GRAX-126229094      *State:* Arkansas  
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*Product Name:* Group Annuity Variable  
*Project Name/Number:* Group Annuity Variable/A2014109NW

## **Disposition**

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Group Variable Annuity Enrollment Form		Yes

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## Form Schedule

**Lead Form Number: A2014109NW**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A2014109N	Application/	Group Variable	Initial		52.600	A2014109NW
	W	Enrollment	Annuity Enrollment				.PDF
		Form	Form				

# Annuity Investors Life Insurance Company<sup>®</sup>

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



Member Companies

## Group Variable Annuity Enrollment Form

### 1. Participant Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Sex  M  F  
 SSN \_\_\_\_\_ Birth date \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### 2. Employer Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Tax ID # \_\_\_\_\_

### 3. Certificate Information

A. Product Name [Total Group] \_\_\_\_\_

[B.] Optional Benefits: ]

[C.] Purchase Payment(s)

- Employer/Salary Reduction (TSA)
- Bank draft (monthly only)  
(For savings/checking account deductions, please complete and attach the required forms)
- Other \_\_\_\_\_

Initial Purchase Payment: Amount \$ \_\_\_\_\_

- Check enclosed ( check here if indirect rollover)
- Transfer/Rollover/1035 Exchange (attach required forms)
- Periodic purchase payments (attach required forms)

[D.] Subsequent Purchase Payments:

For Salary Reduction Only (Circle Non-Billing Months)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

First Salary Reduction Date \_\_\_\_\_

Frequency

- Weekly  Bi-Weekly  Twice Monthly
- Monthly  Quarterly  Annually
- Ten Payments
- Other \_\_\_\_\_

Total Annual Purchase Payments \$ \_\_\_\_\_ Per Year

[E.] Tax Qualification for New Annuity

- 403(b) TSA  IRA
- Pension/Profit Sharing (401(a))  Roth IRA
- Other (please specify) \_\_\_\_\_  Simple IRA

[F.] Source of Tax Qualified Contributions

- Employer  Employee  Both

[G.] Special Requests

\_\_\_\_\_  
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 \_\_\_\_\_

**4. 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 a separate page signed by Participant and dated the same date as this Enrollment 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 page of the trust agreement.

P  C      Share/Percentage \_\_\_\_\_ %  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

P  C      Share/Percentage \_\_\_\_\_ %  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

P  C      Share/Percentage \_\_\_\_\_ %  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

P  C      Share/Percentage \_\_\_\_\_ %  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Arizona Residents:** Upon written request, we will provide reasonable factual information within a reasonable time regarding the benefits and provisions of the certificate. If for any reason you are not satisfied with the annuity contract, you may return it within twenty (20) days (or thirty (30) days if the Participant is age 65 or older on the date of the enrollment form for the certificate) after the certificate 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 enrollment form 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.

## 5. Notices (Continued)

Kentucky and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an enrollment form 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 enrollment form 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 enrollment form 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 enrollment form or files a claim containing a 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.

## 6. Existing Insurance/Replacement

A. For enrollment forms 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 present and read the Notice to you unless you voluntarily waive this step.

B. For enrollment forms 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. Agreement**

I agree that the information provided is true and complete to the best of my knowledge. I have read and understand each of the statements and answers on this form. The certificate I have applied for is suitable for my investment objectives and financial situation. A verbal confirmation may be requested for this enrollment form during a telephone interview, and I agree that this verbal confirmation is as valid as my written signature.

I ACKNOWLEDGE THAT PROSPECTUSES FOR THE CONTRACT, AND ALL AVAILABLE SUB-ACCOUNTS AND FUNDS SHOWN IN THE [XXXXXX FORM] ARE AVAILABLE TO BE VIEWED OR DOWNLOADED FROM THE COMPANY WEBSITE [www.qafri.com](http://www.qafri.com) AND THAT A COPY OF THE PROSPECTUSES HAVE BEEN PROVIDED TO MY PLAN ADMINISTRATOR. I UNDERSTAND THAT ALL VALUES, INCLUDING THE DEATH BENEFIT, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, 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 Certificate.

Signed at (city) \_\_\_\_\_ (state) \_\_\_\_\_

Participant's Signature

Date \_\_\_\_\_

Plan Administrator's Signature (if applicable)

Date \_\_\_\_\_

**8. 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 contract 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 written statement with respect to the acceptability and appropriateness of replacements.

1<sup>st</sup> Agent's Name (please print) \_\_\_\_\_

Agent's Signature

Date \_\_\_\_\_

Agent Code # \_\_\_\_\_ Commission Split \_\_\_\_\_ %

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

2<sup>nd</sup> Agent's Name (please print) \_\_\_\_\_

Agent's Signature

Date \_\_\_\_\_

Agent Code # \_\_\_\_\_ Commission Split \_\_\_\_\_ %

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

NT  T1  T2

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 Product Name: Group Annuity Variable  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> See Forms Tab.		
<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> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
<b>Comments:</b>		
<b>Attachments:</b>		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		

**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
A2014109NW	52.6

Signed:   
Name: John P. Gruber  
Title: Senior Vice President  
Date: 7/15/2009

# Annuity Investors®

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

July 15, 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  
A2014109NW Group Variable Annuity Enrollment Form

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 approved in Ohio, our state of domicile, on .

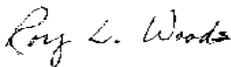
Form number A2014109NW is a group variable annuity enrollment form. It will be used to apply for the following form numbers, as well as any Certificates of Participation under a Group Flexible Premium Deferred Variable Annuity Contract that may be approved in the future. For your convenience, we have provided the date the forms were approved for use in your state and the applicable file number.

<u>Form Numbers</u>	<u>Approval Date</u>	<u>File Number</u>
G800(95)-3/C800(95)-3	05/24/1996	N/A
G801-BD-(97)-3/C801-BD-(97)-3	04/23/1997	N/A
G802(99)-3/C802(99)-3	06/15/1999	N/A
G803(98)-3/C803(98)-3	04/22/1998	N/A
G2010407NW/C2010507NW	02/14/2007	35019
G2012108NW/C2012208NW	03/05/2008	38042
P2008603NW/P2008703NW	04/15/2004	N/A
P2008803NW/P2008903NW	03/01/2004	AID #25508

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**

**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 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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<b>6. Company Tracking Number</b>	A2014109NW
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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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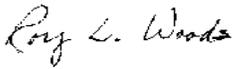
<b>8. Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9. Type of Insurance</b>	A03G Group Annuities - Deferred Variable
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<b>10. Product Coding Matrix Filing Code</b>	A03G.002 Flexible Premium
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <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"/> <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 type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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<b>12.</b>	<b>Filing Submission Date</b>	7/15/2009																											
<b>13.</b>	<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>																											
<b>14.</b>	<b>Date of Domiciliary Approval</b>	N/A																											
<b>15.</b>	<b>Filing Description:</b>																												
	<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 number A2014109NW is a group variable annuity enrollment form. It will be used to apply for the following form numbers, as well as any Certificates of Participation under a Group Flexible Premium Deferred Variable Annuity Contract that may be approved in the future. For your convenience, we have provided the date the forms were approved for use in your state and the applicable file number.</p> <table border="0"> <thead> <tr> <th><u>Form Numbers</u></th> <th><u>Approval Date</u></th> <th><u>File Number</u></th> </tr> </thead> <tbody> <tr> <td>G800(95)-3/C800(95)-3</td> <td>05/24/1996</td> <td>N/A</td> </tr> <tr> <td>G801-BD-(97)-3/C801-BD-(97)-3</td> <td>04/23/1997</td> <td>N/A</td> </tr> <tr> <td>G802(99)-3/C802(99)-3</td> <td>06/15/1999</td> <td>N/A</td> </tr> <tr> <td>G803(98)-3/C803(98)-3</td> <td>04/22/1998</td> <td>N/A</td> </tr> <tr> <td>G2010407NW/C2010507NW</td> <td>02/14/2007</td> <td>35019</td> </tr> <tr> <td>G2012108NW/C2012208NW</td> <td>03/05/2008</td> <td>38042</td> </tr> <tr> <td>P2008603NW/P2008703NW</td> <td>04/15/2004</td> <td>N/A</td> </tr> <tr> <td>P2008803NW/P2008903NW</td> <td>03/01/2004</td> <td>AID #25508</td> </tr> </tbody> </table> <p>With this information, I look forward to receiving a favorable response to this filing.</p>		<u>Form Numbers</u>	<u>Approval Date</u>	<u>File Number</u>	G800(95)-3/C800(95)-3	05/24/1996	N/A	G801-BD-(97)-3/C801-BD-(97)-3	04/23/1997	N/A	G802(99)-3/C802(99)-3	06/15/1999	N/A	G803(98)-3/C803(98)-3	04/22/1998	N/A	G2010407NW/C2010507NW	02/14/2007	35019	G2012108NW/C2012208NW	03/05/2008	38042	P2008603NW/P2008703NW	04/15/2004	N/A	P2008803NW/P2008903NW	03/01/2004	AID #25508
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<b>16.</b>	<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>7/15/2009</u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	A2014109NW	
<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	Group Variable Annuity Enrollment Form	A2014109NW	<input checked="" 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> _____	