

SERFF Tracking Number: GRAX-126243174 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 43059
Company Tracking Number: R1417707NW
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/R1417707NW

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Annuity Individual Fixed

TOI: A071 Individual Annuities - Special

Sub-TOI: A071.001 Equity Indexed

Filing Type: Form

SERFF Tr Num: GRAX-126243174 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 43059

For Informational Purposes

Co Tr Num: R1417707NW

Author: SPI

GreatAmericanFinancialRes

Date Submitted: 07/27/2009

State Status: Filed-Closed

Reviewer(s): Linda Bird

Disposition Date: 07/29/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed

Project Number: R1417707NW

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/29/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/29/2009

Created By: SPI GreatAmericanFinancialRes

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI GreatAmericanFinancialRes

Filing Description:

The purpose of this letter is to notify your department of Loyal American Life Insurance Company's intention to expand the range of the Benefit Waiting Period as referenced on the previously submitted Explanation of Variables for rider form number R1417707NW, which was approved by your Department on 05/23/2007, under file number 35933.

In response to current marketplace demand, we are expanding the range of years for the Benefit Waiting Period from 5-10 years, to 0-10 years. A revised Explanation of Variables is enclosed for your records.

We certify that this change has no impact on the calculation of reserves or any of the other previously submitted

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 actuarial information for the rider.

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

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	07/27/2009	29451917

SERFF Tracking Number: GRAX-126243174 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		07/29/2009	07/29/2009

SERFF Tracking Number: GRAX-126243174 *State:* Arkansas
Filing Company: Loyal American Life Insurance Company *State Tracking Number:* 43059
Company Tracking Number: R1417707NW
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Product Name: Annuity Individual Fixed
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Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126243174 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Explanation of Variables 072209		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes

SERFF Tracking Number: GRAX-126243174 State: Arkansas
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Supporting Document Schedules

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

	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:
Satisfied - Item: Explanation of Variables 072209		
Comments:		
Attachment: Explanation of Variables 072209.PDF		

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

SERFF Tracking Number: GRAX-126243174 State: Arkansas
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Attachments:

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



LOYAL AMERICAN LIFE INSURANCE COMPANY

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

July 27, 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: Informational Filing - Loyal American Life Insurance Company

Dear Insurance Commissioner Bradford:

The purpose of this letter is to notify your department of Loyal American Life Insurance Company's intention to expand the range of the Benefit Waiting Period as referenced on the previously submitted Explanation of Variables for rider form number R1417707NW, which was approved by your Department on 05/23/2007, under file number 35933.

In response to current marketplace demand, we are expanding the range of years for the Benefit Waiting Period from 5-10 years, to 0-10 years. A revised Explanation of Variables is enclosed for your records.

We certify that this change has no impact on the calculation of reserves or any of the other previously submitted actuarial information for the rider.

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

Explanation of Variables
Guaranteed Withdrawal Benefit Rider
Rider Form No. R1417707NW

BRACKETS

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

RIDER

Specifications Page

- Insured – Will insert name of the owner of the contract (disregard any joint owner), who is the Insured under the GWB Rider
- Annuity Contract Number -- Will insert contract number of the base annuity contract.
- Rider Effective Date – Will insert the Rider Effective Date.
- Rollup Rates – Will insert the percentage used to calculate the Rollup amount for a Rider Year. The Rollup Rate for Declared Rate Strategies may be different than the Rollup Rate for Indexed Strategies. Will be set at issue and not changed during the lifetime of the contract. (2% to 8%)
- Rollup Period – Will insert the maximum number of years the Rollup amount will be added to the Benefit Base Amount. Will be set at issue and not changed during the lifetime of the contract. (3 to 10 years)
- Reset Option – Will insert the times that the Reset Option is available. Will be set at issue and not changed during the lifetime of the contract. (specific intervals within a time period beginning no earlier than the 5th Rider Year and not extending beyond the 20th Rider Year)
- Benefit Waiting Period - Will insert the period of time that the insured must wait before requesting benefits under this rider. Will be set at issued and not changed during the lifetime of the contract. (0 – 10 years)
- Benefit Percentage – Will insert the percentage of the Benefit Base Amount available within a Benefit Year on Benefit Start Date by age and benefit option. Will be set at issue and not changed during lifetime of the contract. (3% to 8%).
- Rider Charge Rates – Will insert the percentage of the Benefit Base Amount to be charged for this rider. An initial percentage will be set at issue. We may change the Rider Charge Rates when values are reset up to the maximum percentage listed. The maximum percentage will be set at issue and not changed during the lifetime of the contract. (0.25% to 1.50%)

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

Life, Accident & Health, Annuity, Credit Transmittal Document

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 type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	R1417707NW
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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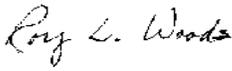
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large											
<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket											
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust												
<input type="checkbox"/> Other: _____													

9. Type of Insurance	A07I Individual Annuities - Special
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10. Product Coding Matrix Filing Code	A07I.001 Equity Indexed
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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 checked="" 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	7/27/2009
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>The purpose of this letter is to notify your department of Loyal American Life Insurance Company's intention to expand the range of the Benefit Waiting Period as referenced on the previously submitted Explanation of Variables for rider form number R1417707NW, which was approved by your Department on 05/23/2007, under file number 35933.</p> <p>In response to current marketplace demand, we are expanding the range of years for the Benefit Waiting Period from 5-10 years, to 0-10 years. A revised Explanation of Variables is enclosed for your records.</p> <p>We certify that this change has no impact on the calculation of reserves or any of the other previously submitted actuarial information for the rider.</p> <p>With this information, I look forward to receiving a favorable response to this filing.</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>7/27/2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	R1417707NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input 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 _____	