

SERFF Tracking Number: GRAX-126313159 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43551  
Company Tracking Number: P1403404NW  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/P1403404NW

## Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-126313159 State: Arkansas  
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Accepted State Tr Num: 43551  
Variable For Informational Purposes  
Sub-TOI: A02I.002 Flexible Premium Co Tr Num: P1403404NW State Status: Filed-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: SPI Disposition Date: 09/25/2009  
GreatAmericanFinancialRes  
Date Submitted: 09/21/2009 Disposition Status: Accepted For  
Informational Purposes  
Implementation Date: Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Annuity Individual Fixed  
Project Number: P1403404NW  
Requested Filing Mode: Informational  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 09/25/2009

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: 09/25/2009  
Created By: SPI GreatAmericanFinancialRes  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI GreatAmericanFinancialRes

Filing Description:

Please be advised that Annuity Investors Life Insurance Company is increasing the issue ages on the Flexible Premium Deferred Annuity, form numbers P1403404NW & P1403504NW, to ages 0-85 for form number P1403404NW and 18-85 for form number P1403504NW. These forms were approved in your state on 04/26/2004 under filing 34049.

A revised Actuarial Memorandum has been attached for your reference.

Please accept this letter as certification that no changes have been made to the contract language.



SERFF Tracking Number: GRAX-126313159 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43551  
Company Tracking Number: P1403404NW  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/P1403404NW

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	09/25/2009	09/25/2009

*SERFF Tracking Number:* GRAX-126313159      *State:* Arkansas  
*Filing Company:* Annuity Investors Life Insurance Company      *State Tracking Number:* 43551  
*Company Tracking Number:* P1403404NW  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/P1403404NW

## **Disposition**

Disposition Date: 09/25/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* GRAX-126313159      *State:* Arkansas  
*Filing Company:* Annuity Investors Life Insurance Company      *State Tracking Number:* 43551  
*Company Tracking Number:* P1403404NW  
*TOI:* A021 Individual Annuities- Deferred Non-Variable      *Sub-TOI:* A021.002 Flexible Premium  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/P1403404NW

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	AR - READABILITY CERTIFICATION		Yes
<b>Supporting Document</b>	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
<b>Supporting Document</b>	Cover Letter		Yes

SERFF Tracking Number: GRAX-126313159 State: Arkansas  
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43551  
 Company Tracking Number: P1403404NW  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/P1403404NW

## Supporting Document Schedules

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

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

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

SERFF Tracking Number: GRAX-126313159 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 43551  
Company Tracking Number: P1403404NW  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/P1403404NW

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

Cover Letter.PDF

*Annuity Investors*<sup>SM</sup>  
**LIFE INSURANCE COMPANY**

P.O. Box 5420, Cincinnati, Ohio 45201-5420

**READABILITY CERTIFICATION**

I, John P. Gruber, an officer of Annuity Investors Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<b><u>Form</u></b>	<b><u>Readability Score</u></b>
P1403404NW	50.6
P1403504NW	50.6



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**John P. Gruber, Esq.**  
**Vice President and**  
**Associate General Counsel**

September 21, 2009

**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
P1403404NW	50.6
P1403504NW	50.6

Signed:   
Name: John P. Gruber  
Title: Senior Vice President  
Date: 9/21/2009

**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 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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<b>6. Company Tracking Number</b>	P1403404NW
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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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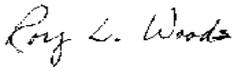
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9. Type of Insurance</b>	A02I Individual Annuities- Deferred Non-Variable
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<b>10. Product Coding Matrix Filing Code</b>	A02I.002 Flexible Premium
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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"/> <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 checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	9/21/2009
13.	<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>
14.	<b>Date of Domiciliary Approval</b>	Pending
15.	<b>Filing Description:</b>	
<p>Please be advised that Annuity Investors Life Insurance Company is increasing the issue ages on the Flexible Premium Deferred Annuity, form numbers P1403404NW &amp; P1403504NW, to ages 0-85 for form number P1403404NW and 18-85 for form number P1403504NW. These forms were approved in your state on 04/26/2004 under filing 34049.</p> <p>A revised Actuarial Memorandum has been attached for your reference.</p> <p>Please accept this letter as certification that no changes have been made to the contract language.</p>		

16.	<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>9/21/2009</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	P1403404NW	
<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			<input 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> _____	

*Annuity Investors*<sup>®</sup>  
**LIFE INSURANCE COMPANY**  
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

September 21, 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

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.

Please be advised that Annuity Investors Life Insurance Company is increasing the issue ages on the Flexible Premium Deferred Annuity, form numbers P1403404NW & P1403504NW, to ages 0-85 for form number P1403404NW and 18-85 for form number P1403504NW. These forms were approved in your state on 04/26/2004, under filing 34049.

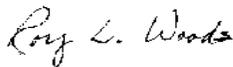
A revised Actuarial Memorandum has been attached for your reference.

Please accept this letter as certification that no changes have been made to the contract language.

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