

SERFF Tracking Number: GRAX-126627864 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 45664
 Company Tracking Number: E6029810NW
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Annuity Individual Combined
 Project Name/Number: Annuity Individual Combined/E6029810NW

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Combined SERFF Tr Num: GRAX-126627864 State: Arkansas
 TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45664
 Variable and Variable Closed
 Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: E6029810NW State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: SPI Disposition Date: 05/17/2010
 GreatAmericanFinancialRes
 Date Submitted: 05/13/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Combined Status of Filing in Domicile: Pending
 Project Number: E6029810NW 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: 05/17/2010 Explanation for Other Group Market Type:
 State Status Changed: 05/17/2010
 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 E6029810NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life

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annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all Annuity Investors Life Insurance Company individual fixed and variable annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.

Company and Contact

Filing Contact Information

Juli Fleming, Senior Compliance Analyst jffleming@gafri.com
 P. O. Box 5420 513-412-0018 [Phone] 10018 [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	05/13/2010	36487363

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/17/2010	05/17/2010

SERFF Tracking Number: GRAX-126627864 *State:* Arkansas
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Variable and Variable
Product Name: Annuity Individual Combined
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Disposition

Disposition Date: 05/17/2010

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 - Acturial Memo		No
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Form	Default Annuity Commencement Date and Form of Payment Endorsement		Yes

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Form Schedule

Lead Form Number: E6029810NW

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E6029810NW	Policy/Cont Default Annuity ract/Fratern Commencement al Date and Form of Certificate: Payment Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial		57.000	E6029810NW .PDF

Annuity Investors[®]
LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio
Fixed Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420
Variable Administrative Office: P.O. Box 5423, Cincinnati, Ohio 45201-5423

**DEFAULT ANNUITY COMMENCEMENT DATE
AND FORM OF PAYMENT
ENDORSEMENT**

The annuity contract (the "Contract") is changed to add the following new provision:

Default Annuity Commencement Date and Form of Payment

Your Annuity Commencement Date or maturity date is changed to the Contract Anniversary following your 95th birthday. Unless we agree, you may not choose an Annuity Commencement Date or maturity date that is later than that date.

You may choose an earlier date as your Annuity Commencement Date or maturity date. Your choice must be made by Written Request that is received by us no later than the chosen date, and at least thirty (30) days before the date of the first payment to be made under a Settlement Option.

Annuity Benefit payments shall be made in the form of a life annuity with payments guaranteed for a fixed period of ten (10) years, or if fewer, the maximum number of whole years permitted under the tax qualification endorsement, if any. Payments shall be made in annual installments, with the payments to be made on the last day of each annual payment interval. The interest rate and life expectancies used to calculate the payments will be no less favorable to you than those guaranteed under the Contract.

In place of that, you may choose to have Annuity Benefit payments made in the form of any other option that is available to you under the Contract. Your choice must be made by Written Request that is received by us no later than the Annuity Commencement Date or maturity date, and at least thirty (30) days before the date of the first payment to be made.

No Annuity Benefit will be paid if the amount to be applied upon annuitization is less than \$2,000. In that case, the amount to be applied shall be paid as a lump sum on the Annuity Commencement Date. In place of that, we may also exercise any right that we may then have to terminate the Contract.

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

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



**MARK F. MUETHING
SECRETARY**



**CHARLES R. SCHEPER
PRESIDENT**

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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 to 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: 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
E6029810NW	57

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 05/13/10

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 #
Annuity Investors Life Insurance Company P.O. Box 5423 Cincinnati OH 45201-5423	OH		084	93661	31-1021738	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Juli K. Fleming P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 10018	513-412-1470	jffleming@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	E6029810NW
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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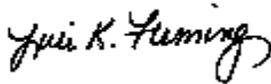
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <table style="width:100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input 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: _____		
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<input type="checkbox"/> Other: _____													

9. Type of Insurance	A02.1I Individual Annuities- Deferred Non-Variable and Variable
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10. Product Coding Matrix Filing Code	A02.1I.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 type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	05/13/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
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.</p> <p>Form number E6029810NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.</p> <p>This endorsement will be used with all Annuity Investors Life Insurance Company individual fixed and variable annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.</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>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>05/13/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E6029810NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Default Annuity Commencement Date and Form of Payment Endorsement	E6029810NW	<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 _____	

Annuity Investors[®]
LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

May 13, 2010

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
E6029810NW Default Annuity Commencement Date and Form of Payment Endorsement

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 May 12, 2010.

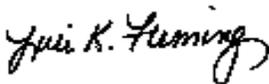
Form number E6029810NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all Annuity Investors Life Insurance Company individual fixed and variable annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.

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 jfleming@gafri.com.

Sincerely,



Juli K. Fleming
Senior Compliance Analyst

JULI K. FLEMING , SENIOR COMPLIANCE ANALYST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 412-1470 FAX