

SERFF Tracking Number: GRAX-126633447 State: Arkansas  
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 45703  
Company Tracking Number: E6030210NW ET AL  
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable  
Product Name: Annuity Group Combined  
Project Name/Number: Annuity Group Combined/E6030210NW et al

## Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Group Combined SERFF Tr Num: GRAX-126633447 State: Arkansas  
TOI: A02.1G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45703  
Variable and Variable Closed  
Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: E6030210NW ET AL State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: SPI Disposition Date: 05/19/2010  
GreatAmericanFinancialRes  
Date Submitted: 05/18/2010 Disposition Status: Approved-  
Closed  
Implementation Date Requested: Implementation Date:  
State Filing Description:

## General Information

Project Name: Annuity Group Combined Status of Filing in Domicile: Pending  
Project Number: E6030210NW et al 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,  
Trust  
Filing Status Changed: 05/19/2010 Explanation for Other Group Market Type:  
State Status Changed: 05/19/2010  
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 forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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 numbers E6030210NW and E6030310NW modify the annuity commencement date of the participation in the

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group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the default settlement option for the participant's interest in 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.

These endorsements will be used with all Annuity Investors Life Insurance Company group 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 jfleming@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  
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## 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	05/18/2010	36619601
Annuity Investors Life Insurance Company	\$50.00	05/19/2010	36651712

SERFF Tracking Number: GRAX-126633447 State: Arkansas  
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 Variable and Variable  
 Product Name: Annuity Group Combined  
 Project Name/Number: Annuity Group Combined/E6030210NW et al

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/19/2010	05/19/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/19/2010	05/19/2010	SPI GreatAmericanFinancialRes	05/19/2010	05/19/2010

*SERFF Tracking Number:* GRAX-126633447      *State:* Arkansas  
*Filing Company:* Annuity Investors Life Insurance Company      *State Tracking Number:* 45703  
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*TOI:* A02.1G Group Annuities - Deferred Non-      *Sub-TOI:* A02.1G.002 Flexible Premium  
Variable and Variable  
*Product Name:* Annuity Group Combined  
*Project Name/Number:* Annuity Group Combined/E6030210NW et al

## **Disposition**

Disposition Date: 05/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-126633447 State: Arkansas  
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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
Form	Default Annuity Commencement Date And Form of Payment Endorsement		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/19/2010  
Submitted Date 05/19/2010  
Respond By Date 06/21/2010

Dear Juli Fleming,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: Annuity Group Combined  
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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/19/2010  
Submitted Date 05/19/2010

Dear Linda Bird,

### Comments:

This is in response to your objection date today 05/19/10.

### Response 1

Comments: An additional \$50.00 has been sent EFT.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you do not receive the additional filing fee. I apologize for any inconvenience this has caused.

Sincerely,

SPI GreatAmericanFinancialRes

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## Form Schedule

Lead Form Number: E6030210NW

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E6030210NW	Policy/Cont Default Annuity ract/Fratern Commencement al Date And Form of Certificate: Payment Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial		50.700	E6030210NW .PDF
	E6030310NW	Policy/Cont Default Annuity ract/Fratern Commencement al Date And Form of Certificate: Payment Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial		54.900	E6030310NW .PDF

# *Annuity Investors*<sup>®</sup>

## **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 group annuity contract (the "Contract") is changed to add the following new provision:

#### **Default Annuity Commencement Date and Form of Payment**

The Annuity Commencement Date or maturity date with respect to the interest of a Participant in this Contract is changed to the Certificate Anniversary following his or her 95th birthday. Unless we agree, the Participant may not choose an Annuity Commencement Date or maturity date that is later than that date.

The Participant may choose an earlier date as your Annuity Commencement Date or maturity date. The Participant's 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 with respect to the interest of a Participant in the Contract 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 the Participant than those guaranteed under the Contract.

In place of that, a Participant may choose to have his or her Annuity Benefit payments made in the form of any other option that is available to him or her under the Contract. The Participant's choice must be made by Written Request that is received by us no later than his or her 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 with respect to the interest of a Participant in the Contract 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 interest of the Participant in the Contract.

This Endorsement is a part of the Contract. It is not a separate contract. It changes the Contract only as and to the extent stated. In the case of conflict with other terms of the Contract, the terms 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**

# *Annuity Investors*<sup>®</sup>

## **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**

Your certificate of participation (your "Certificate") issued under a group annuity contract (the "Contract") is changed to add the following new provision:

#### **Default Annuity Commencement Date and Form of Payment**

The Annuity Commencement Date or maturity date for your interest in the Contract is changed to the Certificate 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 with respect to your interest in the Contract 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 your 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 your 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 with respect to your interest in the Contract 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 your Annuity Commencement Date. In place of that, we may also exercise any right that we may then have to terminate your interest in the Contract.

This Endorsement is a part of your Certificate. It is not a contract. It changes your Certificate only as and to the extent stated. In the case of conflict with other terms of your Certificate, the terms 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**

SERFF Tracking Number: GRAX-126633447 State: Arkansas  
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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> Not applicable to this filing.		
<b>Comments:</b>		

	<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		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b>		
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
E6030210NW	50.7
E6030310NW	54.9

Signed:   
Name: John P. Gruber  
Title: Senior Vice President  
Date: 05/18/10

**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		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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<b>6. Company Tracking Number</b>	E6030210NW et al
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<b>7. <input checked="" type="checkbox"/> New Submission</b>	<input type="checkbox"/> Resubmission	Previous file # _____
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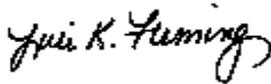
<b>8. Market</b>	Group	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	A02.1G Group Annuities - Deferred Non-Variable and Variable
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<b>10. Product Coding Matrix Filing Code</b>	A02.1G.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 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"/> <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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12.	<b>Filing Submission Date</b>	05/18/10
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	pending
15.	<b>Filing Description:</b>	
<p>Enclosed for your review and approval, please find the forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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 numbers E6030210NW and E6030310NW modify the annuity commencement date of the participation in the group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the default settlement option for the participant's interest in 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.</p> <p>These endorsements will be used with all Annuity Investors Life Insurance Company group fixed and variable annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.</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>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>05/18/10</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	E6030210NW et al	
<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	Default Annuity Commencement Date And Form of Payment Endorsement	E6030210NW	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Default Annuity Commencement Date And Form of Payment Endorsement	E6030310NW	<input checked="" 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

May 18, 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  
E6030210NW Default Annuity Commencement Date And Form of Payment Endorsement  
E6030310NW Default Annuity Commencement Date And Form of Payment Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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. These forms were filed in Ohio, our state of domicile, on May 11, 2010.

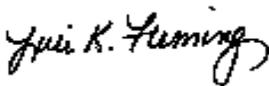
Form numbers E6030210NW and E6030310NW modify the annuity commencement date of the participation in the group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the default settlement option for the participant's interest in the contract to be 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.

These endorsements will be used with all Annuity Investors Life Insurance Company group 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](mailto: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**