

SERFF Tracking Number: AULD-126656084 State: Arkansas
Filing Company: American United Life Insurance Company State Tracking Number: 45854
Company Tracking Number: GB8.UFIALUMPSUM
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Lump Sum Termination Amendment
Project Name/Number: Lump Sum Termination Amendment/GB8.uFIALumpsum

Filing at a Glance

Company: American United Life Insurance Company

Product Name: Lump Sum Termination Amendment SERFF Tr Num: AULD-126656084 State: Arkansas

TOI: A02.1G Group Annuities - Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 45854

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: GB8.UFIALUMPSUM State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Danita Ragland-Hatton, Nelvia Washington Disposition Date: 06/03/2010

Date Submitted: 06/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Lump Sum Termination Amendment

Project Number: GB8.uFIALumpsum

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Pursuant to Indiana Regulation IC §27-1-12.5-1 and Bulletin 93, these group annuity forms are exempt from filing in the state of Indiana.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/03/2010

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 06/03/2010

Deemer Date:

Submitted By: Danita Ragland-Hatton

Filing Description:

June 2, 2010

Created By: Danita Ragland-Hatton

Corresponding Filing Tracking Number:

Arkansas Department of Insurance/Policy Forms Filings

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1200 West Third Street
Little Rock, AR 72201-1904

Re: American United Life Insurance Company (AUL)
AUL's NAIC #60895 and FEIN #35-0145825

Form GB8.uFIALumpsum, Amendment to Group Annuity Contract

Dear Sir or Madam:

The new amendment form GB8.uFIALumpsum is being submitted for filing and approval. We are submitting this form in "John Doe" fashion, with any variable information displayed in bold-face type within brackets. Pursuant to Indiana Regulation IC §27-1-12.5-1 and Bulletin 93, these group annuity forms are exempt from filing in the state of Indiana.

Form GB8.uFIALumpsum will be used with the group annuity contracts that have been previously approved by your office, as identified in the table below. The target market for these group annuity contracts consists of plan sponsors in your state eligible to provide tax-qualified retirement or other employer-provided benefit programs for their current employees, former employees, and/or retirees.

Form #	SERFF #	State Tracking # (if applicable)	Approval Date
GB8.OM-Ku-FIA3121SpPport	AULD-125425715	37856	01/17/2008
GB8.OM-Ku3121SpPayport	AULD-125433372	37867	02/29/2008
GB-10KuportFA	AULD-125491169	38187	02/28/2008

The group annuity contracts listed above currently allow only installment payments upon contract termination. Certain clients are now requesting the option of a lump-sum payment upon contract termination.

To accommodate these clients, we are filing an amendment to the contracts that will add a lump-sum payment option at contract termination, with a 5% withdrawal charge. This withdrawal charge is filed as a variable, so that we can have the ability to adjust this charge from 0% to 8% should future administrative costs or market conditions warrant.

American United Life has reviewed amendment form GB8.uFIALumpsum and believes, to the best of its knowledge, that this form is both consistent with the laws and regulations of the state of filing and in compliance with those laws and regulations. This form contains no unusual or possibly controversial items deviating from normal company or industry standards.

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If there are any questions, please let me know. We look forward to receiving your response. Thank you for your assistance with this filing.

Sincerely,

Nelvia Washington, FLMI, ACS, AIRC, CCP
 Senior Contract Analyst
 Corporate Compliance & Market Conduct

E-mail: productcompliance.corporatecompliance@oneamerica.com
 Tele: 1-877-285-7660 (ext 1550) Fax: 1-317-285-5510

Company and Contact

Filing Contact Information

Nelvia Washington, Senior Contract Analyst Nelvia.Washington@oneamerica.com
 One American Square 317-285-1550 [Phone]
 Indianapolis, IN 46206 317-285-5510 [FAX]

Filing Company Information

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana
 One American Square Group Code: 619 Company Type:
 P.O. Box 7127 Group Name: State ID Number:
 Indianapolis, IN 46206 FEIN Number: 35-0145825
 (877) 285-7660 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form X \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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American United Life Insurance Company \$50.00 06/02/2010 36948445

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/03/2010	06/03/2010

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Disposition

Disposition Date: 06/03/2010

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	Statement of Variability		Yes
Form	Amendment to Group Annuity Contract		Yes

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Form Schedule

Lead Form Number: GB8.uFIALumpsum

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GB8.uFIALumpsum	Policy/Contract	Amendment to Fraternal Annuity Contract	Initial		0.000	MidAmerica FIA Lump-Sum 5% BEL Contract Term Option Amendment for FIA-only GRA8 (5-6-10)REV.pdf

AMENDMENT
TO
GROUP ANNUITY CONTRACT
NUMBER G[insert Contract number here]
(THE CONTRACT)
ISSUED BY
AMERICAN UNITED LIFE INSURANCE COMPANY (AUL)
TO
[insert Contractholder name here]
(THE CONTRACTHOLDER)

This Amendment is effective as of [insert correct date here].

AUL and the Contractholder hereby amend the Contract by adding the following Contract termination payment option to the "TERMINATION OF CONTRACT" Section of the Contract:

If you terminate the contract, you may elect to have us pay you your [FIA] Withdrawal Value in a lump-sum upon contract termination. Payment is made on the termination effective date, unless you and we agree to another date. Calculation of the amount to be paid is made on the Business Day preceding the payment date. Notwithstanding the definition of "Withdrawal Charge" in contract "SECTION 1 – DEFINITIONS," and solely for purposes of determining the [FIA] Withdrawal Value under this payment option, the Withdrawal Charge is equal to [5%] of the [FIA] Account Value withdrawn under this payment option.

CONTRACTHOLDER

AUL

By_____

By_____

Title_____

Title_____

Date_____

Date_____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARactcert-Reg6.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: A application is not applicable to this filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: SOV Form GB8.uFIA.lumpsum (5-29-10).pdf		

STATE OF ARKANSAS

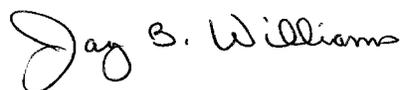
CERTIFICATION

CARRIER: AMERICAN UNITED LIFE INSURANCE COMPANY

SUBMISSION: GB8uFIA.lumpsum - Amendment to Group Annuity Contract

DATE: June 2, 2010

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 6.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized initial "J".

Jay B. Williams

Name

Vice President, Compliance

Title

American United Life Insurance Company – NAIC 60895
Form GB8.uFIALumpsum
Statement of Variability (SOV)
05-29-10

Description	Variable Explanation
John Doe information	Contract holder specific information
[FIA]	FIA or Investment Account and FIA may be used based on the contract issued.
[5%]	Range = 0% to 8% should future administrative costs or market conditions warrant.
[(3121SpPport) / 3121SpPayport/ GB10-KuportFA]	Appropriate number will be used for the contract type issued.