

SERFF Tracking Number: GRAX-G126774134 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46526
Company Tracking Number: AR031960300004
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G126774134 State: Arkansas

TOI: A07I Individual Annuities - Special SERFF Status: Closed-Accepted State Tr Num: 46526
For Informational Purposes

Sub-TOI: A07I.001 Equity Indexed Co Tr Num: AR031960300004 State Status: Filed-Closed

Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 08/19/2010

Author: SPI
GreatAmericanFinancialRes
Date Submitted: 08/18/2010 Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 08/19/2010

Explanation for Other Group Market Type:

State Status Changed: 08/19/2010

Deemer Date:

Created By: SPI GreatAmericanFinancialRes

Submitted By: SPI GreatAmericanFinancialRes

Corresponding Filing Tracking Number:

Filing Description:

Please accept this letter as notification to your department of Annuity Investors Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1426009NW, which was approved for use in your state on 02/27/09, under file number 41645.

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.

SERFF Tracking Number: GRAX-G126774134 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46526
 Company Tracking Number: AR031960300004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

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

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	08/18/2010	38848350

SERFF Tracking Number: GRAX-G126774134 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46526
Company Tracking Number: AR031960300004
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		08/19/2010	08/19/2010

SERFF Tracking Number: GRAX-G126774134 *State:* Arkansas
Filing Company: Annuity Investors Life Insurance Company *State Tracking Number:* 46526
Company Tracking Number: AR031960300004
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Disposition

Disposition Date: 08/19/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126774134 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46526
 Company Tracking Number: AR031960300004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Explanation of Variables		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes

SERFF Tracking Number: GRAX-G126774134 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46526
 Company Tracking Number: AR031960300004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables		
Comments:		
Attachment: NW - EO.V.PDF		

	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		

Explanation of Variables
Individual Deferred Annuity Contract
Contract Form No. P1426009NW

BRACKETS

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

CONTRACT

Specifications Page

- Owner – Will insert name of the Owner
- Age of Owner – Will insert age of the Owner
- Joint Owner – Will insert name of Joint Owner, if any
- Age of Joint Owner – Will insert age of Joint Owner, if any
- Annuitant -- Will insert name of Annuitant
- Contract Number -- Will insert contract number
- Tax-Qualified Contract – Will insert “No” or “Yes-qualification endorsement included” as appropriate.
- Contract Effective Date – Will insert the Contract Effective date
- Annuity Commencement Date – Will insert Annuity Commencement Date, which is the Contract Anniversary following the owner’s 95th birthday.
- Interest Strategy Application Date – Will insert the date(s) that money will be moved from the Purchase Payment Account into the selected strategies.
- Account Value Payment Period – Will insert the minimum annuity payment period to receive the Account Value as the Annuity Benefit Amount (5-10 years). Determined by consumer demand and the least amount of time needed for benefit payments to waive surrender charges in the current economic/investment environment as permitted by the product’s capital constraints. Once set, the Account Value Payment Period will not change on an issued contract.
- Minimum Required Value – Will insert the minimum Account Value that must be maintained to prevent the contract from being terminated (\$500 - \$3,000)
- Minimum Purchase Payment – Will insert the minimum Purchase Payment (\$50.00 per month or \$600 annually for flexible payments and \$3,000 for a single sum payment) that will be accepted into the contract as determined permissible by the risk factors in the economic/investment environment at time of issue
- Maximum Purchase Payment – Will insert the maximum Purchase Payment (\$750,000 - \$1,000,000) that will be accepted into the contract as determined permissible by the risk factors in the economic/investment environment at time of issue.
- GMSV Factor – Will insert the percentage of the Purchase Payment(s) used to determine the Guaranteed Minimum Surrender Value as determined permissible by the risk factors in the economic/investment environment at time of issue. (87.5%-100%) Once set, the GMSV Factor will not change on an issued contract.
- GMSV Rate – Will insert the percentage rate used to determine the Guaranteed Minimum Surrender Value. It is dependent upon the Guaranteed Minimum Declared Rate and the minimum interest rate allowed under your state insurance law. (1%-3%) Once set, the GMSV Rate will not change on an issued contract.
- Guaranteed Minimum Declared Rate – Will insert the Guaranteed Minimum Declared Rate, which will not be less than the minimum interest rate allowed under your state insurance law and applicable rules and regulations. Will be set at issue and not changed during lifetime of contract. (1%-3%)
- Purchase Payment Bonus – Will insert the percentage rate to be multiplied by the Purchase Payment to determine the bonus. (0%-10%) Derived by consumer demand as permitted by the product’s capital constraints in the economic/investment marketplace at time of issue. Once set, the Bonus will not change on an issued contract.
- Bonus Period – Will insert the Contract Years during which the bonus will be applied (1st – 10th). Determined by consumer demand as permitted by the product’s capital constraints in the economic/investment marketplace at time of issue. Once set, the Bonus Period will not change on an issued contract
- Initial Selection – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the Declared Rate Strategy as indicated by the Contract Owner.
- Term – Will insert the period of time during which the interest rate for the Declared Rate Strategy is fixed. (1-2 years) Determined by consumer demand as permitted by the product’s capital constraints in the economic/investment marketplace at time of issue. Once set, the Term will not change on an issued contract
- Strategy title – Will insert the name of each Indexed Strategy offered. Determined by consumer demand as permitted by the product’s capital constraints in the economic/investment marketplace at time of issue.

- Initial Selection – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to each Indexed Strategy offered as indicated by the Contract Owner.
- Term – Will insert the period of time over which each Index Strategy's interest rate is calculated. (1-2 years)
- Segment – Will insert the period of time over which the change in the Index is measured for each Indexed Strategy (Never more frequent than daily or less frequent than the Term)
- Valuations Dates – Will insert the point in time when the Index value is obtained to compute the Index Change for each Indexed Strategy. (Never more frequent than daily or less frequent than the Term)
- Minimum Participation Rate – Will insert the guaranteed minimum rate to be used for the Participation Rate for each Indexed Strategy. (50%-150%)
- Minimum Cap – Will insert the guaranteed minimum rate to be used for the Cap for each Indexed Strategy. (0%-100%)
- Minimum Floor – Will insert the guaranteed minimum rate used for the Floor for each Indexed Strategy. (-25%- 5%)
- Maximum Index Spread – Will insert the guaranteed maximum index spread used for each Indexed Strategy. (0%-15%)

Contract Data

- Settlement Option Computations – Will use the Annuity 2000 Table for blended lives with a minimum interest rate of 1.00% - 5.00%. This rate is set to encourage asset retention and is not dependent on the level of the Guaranteed Minimum Declared Rate. Once set, the rate will not change on an issued contract.
- Settlement Option Table A – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table B – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table C – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.

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 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	AR031960300004
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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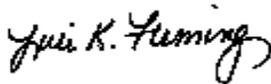
8. Market	Group	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

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 checked="" 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 checked="" type="checkbox"/> Other: <u>Revised EOV</u>
	<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: _____

12.	Filing Submission Date	08/18/10
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>Please accept this letter as notification to your department of Annuity Investors Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1426009NW, which was approved for use in your state on 02/27/09, under file number 41645.</p> <p>We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.</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>08/18/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR031960300004	
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 _____	

Annuity Investors[®]

LIFE INSURANCE COMPANY
Mailing Address: P.O. Box 5423, Cincinnati, OH 45201-5423

August 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: Informational Filing – Annuity Investors Life Insurance Company
P1426009NW Individual Deferred Annuity Contract

Dear Insurance Commissioner Bradford:

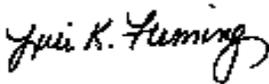
Please accept this letter as notification to your department of Annuity Investors Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1426009NW, which was approved for use in your state on 02/27/09, under file number 41645.

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.

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