

SERFF Tracking Number: GRAX-G126822499 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 46833
 Company Tracking Number: E6031210NW ET AL
 TOI: A02.1G Group Annuities - Deferred Non- Variable and Variable Sub-TOI: A02.1G.002 Flexible Premium
 Product Name: Annuity Group Combined
 Project Name/Number: Annuity Group Combined/E6031210NW et al

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Group Combined	SERFF Tr Num: GRAX-G126822499	State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 46833
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: E6031210NW ET AL	State Status: Approved-Closed
Filing Type: Form	Author: SPI	Reviewer(s): Linda Bird
	GreatAmericanFinancialRes	Disposition Date: 09/23/2010
	Date Submitted: 09/20/2010	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: E6031210NW 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: Employer
Filing Status Changed: 09/23/2010	Explanation for Other Group Market Type:
	State Status Changed: 09/23/2010
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 form, 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 September 17, 2010.

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 Variable and Variable
 Product Name: Annuity Group Combined
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Endorsement forms E6031210NW and E6031310NW may be used in conjunction with new issues of all previously approved group fixed or variable contracts as well as any new group contracts approved by your Department in the future that are issued under an employer retirement plan. This endorsement will allow Annuity Investors Life Insurance Company to charge the annuity contract for any fees or charges assessed by a third party administrator administering an employer retirement plan pursuant to which the annuity contract had been issued.

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	09/20/2010	39661781

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/23/2010	09/23/2010

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	09/20/2010	09/20/2010	SPI GreatAmericanFinancialRes	09/20/2010	09/20/2010

SERFF Tracking Number: GRAX-G126822499 *State:* Arkansas
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Disposition

Disposition Date: 09/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126822499 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	TPA Fee Endorsement		Yes
Form	TPA Fee Endorsement		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/20/2010
Submitted Date 09/20/2010
Respond By Date 10/20/2010

Dear Juli Fleming,

This will acknowledge receipt of the captioned filing.

Objection 1

- Flesch Certification (Supporting Document)
- Application (Supporting Document)
- Life & Annuity - Acturial Memo (Supporting Document)
- AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT (Supporting Document)
- Cover Letter (Supporting Document)
- TPA Fee Endorsement, E6031210NW (Form)
- TPA Fee Endorsement, E6031310NW (Form)

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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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/20/2010
Submitted Date 09/20/2010

Dear Linda Bird,

Comments:

This is in response to your objection received today 9/20/10.

Response 1

Comments: At this time I am sending an additional \$50.00 for the filing fee. I apologize for sending the wrong amount the first time.

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 I can provide any additional information.

Sincerely,

SPI GreatAmericanFinancialRes

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Form Schedule

Lead Form Number: E6031210NW

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E6031210NW	Policy/Cont TPA Fee ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		66.090	E6031210NW .PDF
	E6031310NW	Policy/Cont TPA Fee ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.400	E6031310NW .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

ENDORSEMENT

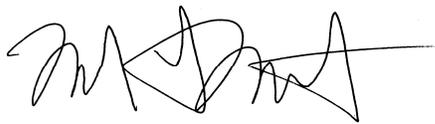
The group deferred annuity contract (the "Contract") is changed to add a new provision to read as follows:

Fees and Charges

If the Contract is issued under an employer retirement plan, some employers or plan administrators impose on the Company a charge or fee for plan administration. If such a charge or fee is due, we reserve the right to deduct this amount from the Purchase Payment or Account Value of each Participant at the time that it is imposed.

This 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

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

ENDORSEMENT

Your certificate of participation ("Certificate") issued under a group deferred annuity contract (the "Contract") is changed to add a new provision to read as follows:

Fees and Charges

If the Contract is issued under an employer retirement plan, some employers or plan administrators impose on the Company a charge or fee for plan administration. If such a charge or fee is due, we reserve the right to deduct this amount from your Purchase Payment or Account Value at the time that it is imposed.

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

SERFF Tracking Number: GRAX-G126822499 State: Arkansas
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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:**

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
E6031210NW	66.09
E6031310NW	62.4

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 09/20/10

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	E6031210NW et al
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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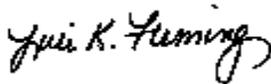
8. Market	<input type="checkbox"/> Individual	<input type="checkbox"/> Franchise
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	A02.1G Group Annuities - Deferred Non-Variable and Variable
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10. Product Coding Matrix Filing Code	A02.1G.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	09/20/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input 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 forms referenced above. These forms are new forms and do not replace any existing form, 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 September 17, 2010.</p> <p>Endorsement forms E6031210NW and E6031310NW may be used in conjunction with new issues of all previously approved group fixed or variable contracts as well as any new group contracts approved by your Department in the future that are issued under an employer retirement plan. This endorsement will allow Annuity Investors Life Insurance Company to charge the annuity contract for any fees or charges assessed by a third party administrator administering an employer retirement plan pursuant to which the annuity contract had been issued.</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>09/20/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E6031210NW et al	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	TPA Fee Endorsement	E6031210NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	TPA Fee Endorsement	E6031310NW	<input checked="" 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

September 20, 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
E6031210NW TPA Fee Endorsement
E6031310NW TPA Fee Endorsement

Dear Insurance Commissioner Bradford:

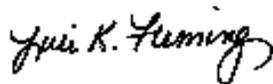
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With this information, I look forward to receiving a favorable response to this filing.

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