

SERFF Tracking Number: GRAX-G127004585 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 47801
Company Tracking Number: P1405011NW ET AL
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405011NW et al

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G127004585 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved-Closed State Tr Num: 47801
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1405011NW ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 01/28/2011
GreatAmericanFinancialRes
Date Submitted: 01/26/2011 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed Status of Filing in Domicile: Pending
Project Number: P1405011NW et al Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 01/28/2011
State Status Changed: 01/28/2011 Deemer Date:
Created By: SPI GreatAmericanFinancialRes Submitted By: SPI GreatAmericanFinancialRes
Corresponding Filing Tracking Number:
Filing Description:

Attached for your review and approval are revised specification pages for contract form numbers P1405005NW and P1405105NW, which were approved for use in your state on 09/15/05, under file number 30538. The above referenced specification pages will replace specification form numbers, P1405009NW and P1405109NW which were approved for use in your state on 02/11/09 under file number 41486. This insert page has not 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.

We have revised the specification pages to modify the S&P Disclosure as follows:

SERFF Tracking Number: GRAX-G127004585 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 47801
 Company Tracking Number: P1405011NW ETAL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1405011NW et al

1. Changed page number "2 cont." to "2-1".
2. Removed the current S&P disclosure from page 2-1.
3. Changed form number to P1405011NW and P1405111NW on page 2-1.
4. Added page 2-2 with the new S&P disclosure.

Please accept this letter as certification that no other changes have been made to the forms.

Company and Contact

Filing Contact Information

Juli Fleming, Compliance Filing Specialist jfleming@gafri.com
 P. O. Box 5420 513-412-0018 [Phone] 10018 [Ext]
 Cincinnati, OH 45201-5420 513-361-5967 [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: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity Investors Life Insurance Company	\$100.00	01/26/2011	44110258

SERFF Tracking Number: GRAX-G127004585 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/28/2011	01/28/2011

SERFF Tracking Number: GRAX-G127004585 *State:* Arkansas
Filing Company: Annuity Investors Life Insurance Company *State Tracking Number:* 47801
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Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405011NW et al

Disposition

Disposition Date: 01/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127004585 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 47801
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 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1405011NW et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
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	Individual Deferred Annuity Contract - Insert Pages		Yes
Form	Individual Deferred Annuity Contract - Insert Pages		Yes

SERFF Tracking Number: GRAX-G127004585 State: Arkansas
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 Company Tracking Number: P1405011NW ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1405011NW et al

Form Schedule

Lead Form Number: P1405011NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1405011NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1405011NW 011711.PDF
	P1405111NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1405111NW 011711.PDF

CONTRACT SPECIFICATIONS

OWNER: [JOHN DOE]

AGE OF OWNER AS OF CONTRACT EFFECTIVE DATE: [35]

[JOINT OWNER: N/A]

[AGE OF JOINT OWNER AS OF CONTRACT EFFECTIVE DATE: N/A]

ANNUITANT: [JOHN DOE]

AGE OF ANNUITANT AS OF CONTRACT EFFECTIVE DATE: [35]

CONTRACT NUMBER: [000000000]

CONTRACT EFFECTIVE DATE: [SEPTEMBER 01, 2005]

ANNUITY COMMENCEMENT DATE: [SEPTEMBER 01, 2055]

INTEREST STRATEGY APPLICATION DATE: [The 20th day of each Month]

ACCOUNT VALUE PAYMENT PERIOD: [7 years]

SURRENDER CHARGE RATE SCHEDULE:

Contract Year	1	2	3	4	5	6	7	8+
Surrender Charge Rate	9%	8%	7%	6%	5%	4%	3%	0%

GMSV FACTOR: [100%]

GMSV RATE: [3%]

GUARANTEED MINIMUM DECLARED RATE: [3%]

[PURCHASE PAYMENT BONUS: [0%]]

INITIAL INTEREST STRATEGY(IES):

Declared Rate Strategy

[One Year Annual Point-to-Point Indexed Strategy

Minimum Base Interest Rate:

Minimum Participation Rate:

Minimum Cap:

[Monthly Average with Cap Index Strategy

Minimum Base Interest Rate:

Minimum Participation Rate:

Minimum Cap:

Initial Selection Minimum
Guaranteed Values

[33%]

[33%]

[0%]

[100%]

[3%]

[34%]

[0%]

[100%]

[3%]

The Index used for Indexed Strategies available under this Contract is the Standard & Poor's 500[®] Index. It excludes any dividends that may be paid by the firms that comprise the Index.

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CONTRACT SPECIFICATIONS

OWNER: [JOHN DOE]

AGE OF OWNER AS OF CONTRACT EFFECTIVE DATE: [35]

CONTRACT NUMBER: [000000000]

CONTRACT EFFECTIVE DATE: [SEPTEMBER 01, 2005]

ANNUITY COMMENCEMENT DATE: [SEPTEMBER 01, 2040]

INTEREST STRATEGY APPLICATION DATE: [The 20th day of each Month]

ACCOUNT VALUE PAYMENT PERIOD: [7 years]

SURRENDER CHARGE RATE SCHEDULE:

Contract Year	1	2	3	4	5	6	7	8+
Surrender Charge Rate	9%	8%	7%	6%	5%	4%	3%	0%

GMSV FACTOR: [100%]

GMSV RATE: [3%]

GUARANTEED MINIMUM DECLARED RATE: [3%]

[PURCHASE PAYMENT BONUS: [0%]]

INITIAL INTEREST STRATEGY(IES):	<u>Initial Selection</u>	<u>Minimum Guaranteed Values</u>
Declared Rate Strategy	[33%]	
[One Year Annual Point-to-Point Indexed Strategy	[33%]	
Minimum Base Interest Rate:		[0%]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
[Monthly Average with Cap Index Spread	[34%]	
Minimum Base Interest Rate:		[0%]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]

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Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405011NW et al

Supporting Document Schedules

	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		

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	513-361-5967	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	P1405011NW et al
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
--	---------------------------------------	-----------------------

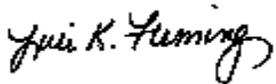
8. Market	Group	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	A07I Individual Annuities - Special
-----------------------------	-------------------------------------

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>Insert pages</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	01/26/11
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>Attached for your review and approval are revised specification pages for contract form numbers P1405005NW and P1405105NW, which were approved for use in your state on 09/15/05, under file number 30538. The above referenced specification pages will replace specification form numbers, P1405009NW and P1405109NW which were approved for use in your state on 02/11/09 under file number 41486. This insert page has not 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>We have revised the specification pages to modify the S&P Disclosure as follows:</p> <ol style="list-style-type: none"> 1. Changed page number "2 cont." to "2-1". 2. Removed the current S&P disclosure from page 2-1. 3. Changed form number to P1405011NW and P1405111NW on page 2-1. 4. Added page 2-2 with the new S&P disclosure. <p>Please accept this letter as certification that no other changes have been made to the forms.</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>Compliance Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>01/26/11</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	P1405011NW et al	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Deferred Annuity Contract - Insert Pages	P1405011NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Individual Deferred Annuity Contract - Insert Pages	P1405111NW	<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

January 26, 2011

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
P1405011NW Individual Deferred Annuity Contract - Insert Pages
P1405111NW Individual Deferred Annuity Contract - Insert Pages

Dear Insurance Commissioner Bradford:

Attached for your review and approval are revised specification pages for contract form numbers P1405005NW and P1405105NW, which were approved for use in your state on 09/15/05, under file number 30538. The above referenced specification pages will replace specification form numbers, P1405009NW and P1405109NW which were approved for use in your state on 02/11/09 under file number 41486. This insert page has not 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.

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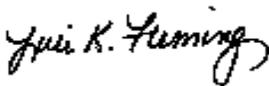
1. Changed page number "2 cont." to "2-1".
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3. Changed form number to P1405011NW and P1405111NW on page 2-1.
4. Added page 2-2 with the new S&P disclosure.

Please accept this letter as certification that no other changes have been made to the forms.

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
Compliance Filing Specialist

JULI K. FLEMING , COMPLIANCE FILING SPECIALIST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 361-5967 FAX