

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 50352
Company Tracking Number: P1405005NW EOV
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G127850559 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Accepted State Tr Num: 50352
For Informational Purposes
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1405005NW EOV State Status: Filed-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 12/01/2011
GreatAmericanFinancialRes
Date Submitted: 11/29/2011 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: Authorized
Project Number: P1405005NW EOV Date Approved in Domicile: 10/21/2011
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/01/2011
State Status Changed: 12/01/2011
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 Minimum Cap as referenced on the previously submitted Explanation of Variables for contract forms P1405005NW & P1405105NW, which were approved for use in your state on 5/12/2006 under file number 32651.

We are expanding the range of the Minimum Cap from 2%-100%, to 0%-100%. A revised Explanation of Variables document is enclosed for your records.

Company and Contact

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 50352
 Company Tracking Number: P1405005NW EOV
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

Filing Contact Information

Brenda Little, Senior Compliance Filing Analyst blittle@gafri.com
 P. O. Box 5420 513-412-2725 [Phone] 12725 [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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Annuity Investors Life Insurance Company	\$50.00	11/29/2011	54100739

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 50352
Company Tracking Number: P1405005NW EOV
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		12/01/2011	12/01/2011

SERFF Tracking Number: GRAX-G127850559 *State:* Arkansas
Filing Company: Annuity Investors Life Insurance Company *State Tracking Number:* 50352
Company Tracking Number: P1405005NW EOV
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

Disposition

Disposition Date: 12/01/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 50352
 Company Tracking Number: P1405005NW EOV
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

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	Explanation of Variables		Yes
Supporting Document	Cover Letter		Yes

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 50352
 Company Tracking Number: P1405005NW EOV
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Exempt		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this filing.		
Comments:		

	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: Explanation of Variables		
Comments:		

SERFF Tracking Number: GRAX-G127850559 State: Arkansas
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Company Tracking Number: P1405005NW EOV
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1405005NW EOV

Attachment:
NW - EOV.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	Annuity	084	93661	31-1021738	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Brenda Little P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 12725	513-361-5967	blittle@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	P1405005NW EOY
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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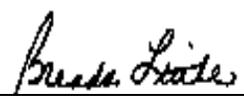
8. Market	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
	Group	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large
		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> 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>Explanation of Variables</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	11/29/2011
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	10/21/2011
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 Minimum Cap as referenced on the previously submitted Explanation of Variables for contract forms P1405005NW & P1405105NW, which were approved for use in your state on 5/12/2006 under file number 32651.</p> <p>We are expanding the range of the Minimum Cap from 2%-100%, to 0%-100%. 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>Brenda Little</u> Title <u>Senior Compliance Filing Analyst</u></p>		
<p>Signature <u></u> Date <u>11/29/2011</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	P1405005NW EOV	
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 _____	

Explanation of Variables
Individual Deferred Annuity Contract
Form No. P1405005NW/P1405105NW

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 age of Annuitant, if any.
- Age of Annuitant – Will insert age of Annuitant, if any.
- Contract Number – Will insert Contract Number.
- Contract Effective Date – Will insert date contract is issued.
- Annuity Commencement Date – Will insert the annuity commencement date. For non-qualified contracts the annuity commencement date will be the anniversary of the contract following the 85th birthday of the elder of the Owner or Joint Owner, if any, or the 5th Contract Anniversary, whichever is later. For qualified contracts, the annuity commencement date will be the owner's 70th birthday.
- Interest Strategy Application Date – Will insert the date that money will be moved from the Purchase Payment Account into the selected strategies. Currently the 20th of the month.
- Account Value Payment Period – Will insert duration of the Account Value Payment Period.
- GSMV Factor – Will insert the percentage of the Purchase Payment used to determine the Guaranteed Minimum Surrender Value. (90%-100%)
- GSMV Rate – Will insert the percentage rate used to determine the Guaranteed Minimum Surrender Value. (1%-3%)
- Guaranteed Minimum Declared Rate – Will insert the minimum guaranteed declared rate. 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 of the Purchase Payment to be applied as a bonus. (0%-5%)
- Declared Rate Strategy – 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.
- One Year Annual Point-to-Point Indexed Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the One Year Annual Point-to-Point Strategy as indicated by the Contract Owner.
- Minimum Base Interest Rate – Will insert the guaranteed minimum rate to be used for the Base Interest Rate for the Annual Point-to-Point Strategy. (0%-3%)
- Minimum Participation Rate – Will insert the guaranteed minimum rate to be used for the Participation Rate for the Annual Point-to-Point Strategy. (50%-100%)
- Minimum Cap – Will insert the guaranteed minimum rate to be used for the Cap for the Annual Point-to-Point Strategy. (0%-100%)
- One Year Average Indexed Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the One Year Average Strategy as indicated by the Contract Owner.
- Minimum Base Interest Rate – Will insert the guaranteed minimum rate to be used for the Base Interest Rate for the One Year Average Strategy. (0%-3%)
- Minimum Participation Rate – Will insert the guaranteed minimum rate to be used for the Participation Rate for the One Year Average Strategy. (50%-100%)
- Minimum Cap – Will insert the guaranteed minimum rate to be used for the Cap for the One Year Average Strategy. (0%-100%)
- Table Of Guaranteed Values
 - Ø Table of Guaranteed Minimum Surrender Value - Will insert values based on purchase payments of \$1,000.00 received on the Contract Effective Date and each Contract Anniversary thereafter; and the GSMV Rate.

Contract Data

- Settlement Option Computations – Will insert the minimum interest rate applicable to the 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.

Annuity Investors[®]

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

November 29, 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: Informational Filing - Annuity Investors Life Insurance Company
P1405005NW/P1405105NW – Explanation of Variables

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 Minimum Cap as referenced on the previously submitted Explanation of Variables for contract forms P1405005NW & P1405105NW, which were approved for use in your state on 5/12/2006 under file number 32651.

We are expanding the range of the Minimum Cap from 2%-100%, to 0%-100%. 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 blittle@gafri.com.

Sincerely,



Brenda Little
Senior Compliance Filing Analyst

BRENDA LITTLE , SENIOR COMPLIANCE FILING ANALYST
(800) 854-3649 (TOLL FREE - EXT. 12725)
(513) 412-2725 (DIRECT DIAL) * (513) 361-5967 FAX