

<i>SERFF Tracking Number:</i>	<i>GRAX-G127349860</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Annuity Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49446</i>
<i>Company Tracking Number:</i>	<i>E1087711NW</i>		
<i>TOI:</i>	<i>A07I Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A07I.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/E1087711NW</i>		

Filing at a Glance

Company: Annuity Investors Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G127349860	State: Arkansas
TOI: A07I Individual Annuities - Special	SERFF Status: Closed-Approved-Closed	State Tr Num: 49446
Sub-TOI: A07I.001 Equity Indexed	Co Tr Num: E1087711NW	State Status: Approved-Closed
Filing Type: Form	Author: SPI GreatAmericanFinancialRes	Reviewer(s): Linda Bird Disposition Date: 08/08/2011
	Date Submitted: 08/02/2011	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: E1087711NW	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/08/2011
	State Status Changed: 08/08/2011
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 form referenced above. This form is a new form and does not replace any existing form, nor has it 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.

Form number E1087711NW modifies the Guaranteed Minimum Surrender Value (GMSV) provision of contract form P1086111NW, which was approved by your Department on 5/10/2011, under file number 48679, by removing the rider fees from the calculation of the GMSV. This endorsement provides conformity with the contract language and how the

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
 Company Tracking Number: E1087711NW
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E1087711NW

contract is administered by our company.

Company and Contact

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	08/02/2011	50267503

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
Company Tracking Number: E1087711NW
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/E1087711NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/08/2011	08/08/2011

SERFF Tracking Number: GRAX-G127349860 *State:* Arkansas
Filing Company: Annuity Investors Life Insurance Company *State Tracking Number:* 49446
Company Tracking Number: E1087711NW
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/E1087711NW

Disposition

Disposition Date: 08/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
 Company Tracking Number: E1087711NW
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E1087711NW

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

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
 Company Tracking Number: E1087711NW
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E1087711NW

Form Schedule

Lead Form Number: E1087711NW

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E1087711NW	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.100	E1087711NW .PDF

Annuity Investors[®]

LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio
Fixed Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

ENDORSEMENT

The **Guaranteed Minimum Surrender Value** provision of the annuity contract is changed to read as follows:

Guaranteed Minimum Surrender Value

The Guaranteed Minimum Surrender Value at any time is equal to:

- 1) the Purchase Payment multiplied by the GMSV Factor that is set out on the Contract Specifications page; and minus
- 2) all withdrawals net of any applicable Early Withdrawal Charges and MVA Adjustments, but disregarding any withdrawals taken to pay charges on a rider to this Contract; and minus
- 3) plan administration fees and charges, if any; and plus
- 4) interest credited daily at the Guaranteed Minimum Declared Rate that is set out on the Contract Specifications page.

This is part of your annuity contract. It is not a separate contract. It changes the annuity contract only as and to the extent stated. In all cases of conflict with the other terms of the annuity contract, the provisions of this Endorsement shall control.

Signed for us at our office as of the date of issue.



MARK F. MUETHING
EXECUTIVE VICE PRESIDENT



JOHN P. GRUBER
SECRETARY

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
 Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
 Company Tracking Number: E1087711NW
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E1087711NW

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	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: NW Readability Certification		
Comments:		
Attachment:		
NW - Readability Certification 080111.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:		

SERFF Tracking Number: GRAX-G127349860 State: Arkansas
Filing Company: Annuity Investors Life Insurance Company State Tracking Number: 49446
Company Tracking Number: E1087711NW
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/E1087711NW

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
E1087711NW	62.1

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 8/2/2011

*Annuity Investors*SM
LIFE INSURANCE COMPANY

P.O. Box 5420, Cincinnati, Ohio 45201-5420

READABILITY CERTIFICATION

I, John P. Gruber, an officer of Annuity Investors Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

Form
E1087711NW

Readability Score
62.1



John P. Gruber, Esq.
Vice President and
Associate General Counsel

8/1/2011

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 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	E1087711NW
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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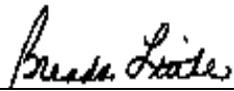
8. Market	Group	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <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 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	8/2/11
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	Pending
15.	Filing Description:	
<p>Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it 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>Form number E1087711NW modifies the Guaranteed Minimum Surrender Value (GMSV) provision of contract form P1086111NW, which was approved by your Department on 5/10/2011, under file number 48679, by removing the rider fees from the calculation of the GMSV. This endorsement provides conformity with the contract language and how the contract is administered by our company.</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>		
Print Name <u>Brenda Little</u> Title <u>Senior Compliance Filing Analyst</u>		
Signature <u></u> Date <u>8/2/2011</u>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E1087711NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Endorsement	E1087711NW	<input checked="" 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 2, 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
E1087711NW Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it 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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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