

State: Arkansas **Filing Company:** Annuity Investors Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818613NW

Filing at a Glance

Company: Annuity Investors Life Insurance Company
Product Name: Annuity Individual Variable
State: Arkansas
TOI: A03I Individual Annuities - Deferred Variable
Sub-TOI: A03I.002 Flexible Premium
Filing Type: Form
Date Submitted: 11/21/2012
SERFF Tr Num: GRAX-G128780388
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: A1818613NW

Implementation
Date Requested:
Author(s): SPI GreatAmericanFinancialRes
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/29/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Annuity Investors Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818613NW

General Information

Project Name: Annuity Individual Variable	Status of Filing in Domicile: Not Filed
Project Number: A1818613NW	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Not required to be filed
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/29/2012
	State Status Changed: 11/29/2012
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 will replace form number A1818609NW which was approved in your state on 7/7/2009, under file # 42860. 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.

This form will be used with the following approved individual variable annuity products, as well as individual variable annuity contracts approved in the future. We have included the approval dates and state file number for your ease of reference:

FORM NUMBER	APPROVAL DATE	FILE NUMBER
P1814507NW	01/26/2008	37865
P1814607NW	02/07/2008	37950
P1814707NW	01/14/2008	37596
P1814807NW	01/26/2008	37864

We reserve the right to change the nomenclature associated with our company logo.

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:
(800) 854-3649 ext. [Phone]	Financial Resources, Inc.	
	FEIN Number: 31-1021738	

State: Arkansas **Filing Company:** Annuity Investors Life Insurance Company
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Annuity Individual Variable
Project Name/Number: Annuity Individual Variable/A1818613NW

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	11/21/2012	65128388

SERFF Tracking #:

GRAX-G128780388

State Tracking #:

Company Tracking #:

A1818613NW

State:

Arkansas

Filing Company:

Annuity Investors Life Insurance Company

TOI/Sub-TOI:

A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name:

Annuity Individual Variable

Project Name/Number:

Annuity Individual Variable/A1818613NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

SERFF Tracking #:

GRAX-G128780388

State Tracking #:

Company Tracking #:

A1818613NW

State:

Arkansas

Filing Company:

Annuity Investors Life Insurance Company

TOI/Sub-TOI:

A031 Individual Annuities - Deferred Variable/A031.002 Flexible Premium

Product Name:

Annuity Individual Variable

Project Name/Number:

Annuity Individual Variable/A1818613NW

Disposition

Disposition Date: 11/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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	Cover Letter		Yes
Form	Order Ticket For Flexible Premium Variable Annuity		Yes

SERFF Tracking #:

GRAX-G128780388

State Tracking #:

Company Tracking #:

A1818613NW

State: Arkansas

Filing Company:

Annuity Investors Life Insurance Company

TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name: Annuity Individual Variable

Project Name/Number: Annuity Individual Variable/A1818613NW

Form Schedule

Lead Form Number: A1818613NW

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Order Ticket For Flexible Premium Variable Annuity	A1818613NW	AEF	Initial		52.900	A1818613NW.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Annuity Investors Life Insurance Company[®]

Administrative Address: P.O. Box 5423, Cincinnati, Ohio 45201-5423



Member Company

Order Ticket For Flexible Premium Variable Annuity

1. Owner

Primary Owner/Trust Name

Name _____
 Address _____
 City _____ State _____
 Country _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____
 E-mail Address _____

Is the Owner a U.S. person? Yes No

(A U.S. person is defined as a U.S. citizen, U.S. resident alien, a U.S. domestic trust or estate, or a U.S. corporation, partnership, company or association. Additional information may be required for any non-U.S. person.)

Joint Owner (only available for Non-Qualified contracts)

Name _____
 Address _____
 City _____ State _____
 Country _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____
 E-mail Address _____

Relationship to Owner _____

(If not a spouse we must have the Non-Spouse Joint Owner Form completed.)

2. Annuitant (if other than Owner)

Primary Annuitant

Name _____
 Address _____
 City _____ State _____
 Country _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____

Joint Annuitant (if other than Joint Owner)

Joint Annuitant (only available for Non-Qualified contracts)

Name _____
 Address _____
 City _____ State _____
 Country _____ Zip _____
 Phone _____ Sex M F
 SSN/FEIN _____ Birth date _____

3. Employer Information

Employer Name _____
 Tax ID # _____

Address _____
 City _____ State _____ Zip _____

4. Contract Information

A.. Product Name _____

[B.] [Optional Benefits: Enhanced Death Benefit Rider]

[C.] Initial Purchase Payment
 Amount \$ _____
 (amount paid with this order ticket or rollover amount)

Salary Reduction/Flexible Purchase Payment(s)
 (For savings/checking account deductions, please complete the Request For Automated Premium Contributions form.)
 Periodic Payment Amount \$ _____
 Projected Annual Purchase Payment \$ _____
 First Payment Date: _____
 Frequency: _____

[D.] Tax Qualification for New Annuity
 Non-Qualified IRA
 TSA 403(b) Roth IRA
 ROTH TSA 403(b) SEP IRA
 457 (Owner must be employer and not available on monthly flow payment for Flex(b)) SIMPLE IRA
 Other (please specify) _____

[E.] Source of Tax Qualified Contributions
 Employer Employee Both

[F.] Brokerage ID (if applicable): _____

[G.] Special Requests

5. Beneficiary (P-Primary, C-Contingent)

If the beneficiary listed below is not designated as a Primary or Contingent beneficiary, it will automatically default to a Primary designation. All shares will be divided equally unless otherwise noted in the space provided.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date AND provide copies of the first page and signature pages of the trust. If the owner of the contract applied for is a trust, the trust must be designated as the primary beneficiary.

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage	_____	%
Name _____				
Address _____				
City	_____	State	_____	
Country	_____	Zip	_____	
SSN	_____	Relationship	_____	
Birth date	_____	Phone	_____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage	_____	%
Name _____				
Address _____				
City	_____	State	_____	
Country	_____	Zip	_____	
SSN	_____	Relationship	_____	
Birth date	_____	Phone	_____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage	_____	%
Name _____				
Address _____				
City	_____	State	_____	
Country	_____	Zip	_____	
SSN	_____	Relationship	_____	
Birth date	_____	Phone	_____	

<input type="checkbox"/> P	<input type="checkbox"/> C	Share/Percentage	_____	%
Name _____				
Address _____				
City	_____	State	_____	
Country	_____	Zip	_____	
SSN	_____	Relationship	_____	
Birth date	_____	Phone	_____	

6. Existing Insurance/Replacement

A. For order tickets signed in [AL, AK, AZ, AR, CO, HI, IA, KY, LA, ME, MS, MT, NE, NH, NM, OH, RI, SC, TX, VT, VA, WV or WI,] answer only question # 1.

1. Do you have any existing life insurance policies or individual annuity contracts currently in force with this Company or any other company? Yes No

If "Yes" to # 1, complete the Important Notice Replacement of Life Insurance or Annuities. Your agent must be present and read the Notice to you unless you voluntarily waive this step.

B. For order tickets signed in [CA, CT, DE, DC, GA, ID, IL, IN, KS, MA, MI, MO, NV, ND, OK, PA, SD, TN, or WY,] answer only question # 2.

2. Will this contract replace or use cash values of any existing life insurance or annuity with this Company or any other company? Yes No

If "Yes" to # 2, please provide company name and policy/contract #, and complete the appropriate Replacement Notice.

Company _____
 Policy/Contract # _____

7. Notices (Please review the notice that applies to your state.)

[Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an order ticket for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.]

[Alaska Residents: You have 20 days (30 for replacements) from the date you receive the contract to review it and cancel the contract, if you are not satisfied. Upon receipt of a written request, we will provide you with factual information regarding the benefits and policy provisions of this Contract to aid you in your decision. We will respond to your request for additional information within ten (10) days of its receipt. If you cancel the contract, we will refund the Purchase Payments made for it plus any investment gains or minus any investment losses under the Contract as of the end of the Valuation Period during which we receive the returned Contract.]

[Arizona Residents: Upon written request, we will provide factual information within a reasonable time regarding the benefits and provisions of the Contract. If for any reason you are not satisfied, you may return it within ten (10) days or within 30 days if the contract holder is age 65 or older on the date of the order ticket for the annuity contract, after the Contract is delivered to you and receive a refund of all monies paid.]

[Arkansas, Louisiana and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an order ticket for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[California Residents Age 65 or Older: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity or other asset to fund the purchase of an annuity or life insurance product may have tax consequences, early withdrawal penalty, or other costs or penalties. We recommend that you consult independent legal or financial advice before selling or liquidating any assets to fund the purchase of any life insurance or annuity product.]

[Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.]

[Delaware Residents: Your civil union partner, as defined by Delaware law, has the same rights as a spouse to succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary. In the case of a tax-qualified contract, a beneficiary who is not your spouse as defined by federal tax law does not have the same transfer or rollover rights as a spouse. Same-sex spouses and civil union partners are encouraged to consult with a tax advisor prior to the purchase of this annuity contract.]

[District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.]

[Illinois Residents: In some cases, your spouse or civil union partner, as defined by Illinois law, may succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary.]

[Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an order ticket for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.]

[Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.]

[New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an order ticket for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.]

[Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an order ticket or files a claim containing a false or deceptive statement is guilty of insurance fraud.]

7. Notices continued (Please review the notice that applies to your state.)

[Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an order ticket for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

8. Consent to Delivery in Electronic Media

_____ By initialing here, you (1) acknowledge receipt of the applicable variable annuity prospectus in electronic format; (2) consent to the delivery of documents and notices related to this Contract, including, but not limited to, any prospectus, supplement thereto, statement of additional information or other information required to be furnished to contract owners, in electronic format where available instead of paper copies; and (3) confirm that you have Internet access. Electronically formatted documents will be in Portable Document Format (PDF) at the Annuity Investors Life Insurance Company® web site www.GAFRI.com. Adobe Acrobat® Reader software is needed to view and print PDF files, and can be

downloaded free of charge at www.adobe.com. Current versions of these documents will be made continuously available at our website and when new or amended documents are available, notice will be mailed to your address of record via U.S. Mail. You may incur costs for using your Internet Service Provider, but there is no charge to access the GAFRI web site. Contact Annuity Investors® Life any time at (800) 789-6771 to update your personal information, to receive without charge a paper copy of any document delivered in electronic format or to revoke your consent to delivery in electronic media.

Email Address _____

9. Agreement

I certify that I have read the statements and that my answers to the questions on this order ticket are true and complete. If this Contract is issued in connection with an Employer's retirement plan, I understand that the Company issuing the Contract is not responsible for tax and legal aspects or proper administration of the Employer's plan or providing administrative or other services to it, except to the limited extent provided by the Contract.

The Contract I am purchasing is suitable for my investment objectives and financial situation. I ACKNOWLEDGE RECEIPT OF A CURRENT PROSPECTUS. I UNDERSTAND THAT ALL VALUES INCLUDING THE DEATH BENEFIT, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE AND NOT GUARANTEED AS TO THE DOLLAR AMOUNT.

_____ Please initial here if you wish to give the registered representative identified below authorization to make transfers on your behalf and at your direction, on this Contract.

Signed at (city) _____ (state) _____

Owner's Signature _____

Date _____

Joint Owner/Plan Administrator's Signature (if applicable) _____

Date _____

10. Agent's Statement

Questions 1 and 2 below must be completed

I/we hereby certify that in connection with my/our presentation to the purchaser(s) herein, I/we only used sales material that was previously approved by the Company and that I/we left with the purchaser(s) a copy of all sales material used in my presentation. ("Sales material" means a sales illustration and other written, printed or electronically presented information created, completed or provided by the Company or the agent and is used in the presentation to the purchaser in connection with the contract purchased).

I further certify that this transaction is in accord with the Company's policy with respect to the acceptability and appropriateness of replacements.

To the best of my knowledge and belief, (1) the purchaser(s)

- does
- does not

have any existing life insurance policies or annuity contracts currently in force with this or any other company; and (2) the annuity being purchased

- is
- is not

intended to replace or use cash values of any existing life insurance or annuity with this or any other company. If the purchaser(s) does existing life insurance policies or annuity contracts, please read the appropriate replacement forms to the purchaser(s) (unless voluntarily waived) and complete the appropriate replacement forms. If the annuity being purchased is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

1st Agent's Name (please print full name)

Agent's Signature

Agent Code # _____ Commission Split _____ %

Phone _____

E-Mail Address _____

2nd Agent's Name (please print full name)

Agent's Signature

Agent Code # _____ Commission Split _____ %

Phone _____

E-Mail Address _____

[11. For Agent Use Only (Commission Structure Codes)]

- NT
- T1
- T2
- T3

SERFF Tracking #:

GRAX-G128780388

State Tracking #:

Company Tracking #:

A1818613NW

State:

Arkansas

Filing Company:

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Annuity Individual Variable

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
NW - Readability Certification .PDF			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
Cover Letter.PDF			

*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

Readability Score

A1818613NW, scored with policy
form number P1814607NW

52.9



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

November 12, 2012

Annuity Investors®

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

November 21, 2012

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
A1818613NW Order Ticket For Flexible Premium Variable Annuity

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number A1818609NW which was approved in your state on 7/7/2009, under file # 42860. 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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We reserve the right to change the nomenclature associated with our company logo.

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 K. Little
Senior Compliance Filing Analyst

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