

<i>SERFF Tracking Number:</i>	<i>GRAX-125813900</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40270</i>
<i>Company Tracking Number:</i>	<i>P2401308NW</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Life Individual Whole</i>		
<i>Project Name/Number:</i>	<i>Life Individual Whole/P2401308NW</i>		

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life Individual Whole	SERFF Tr Num: GRAX-125813900	State: ArkansasLH
TOI: L071 Individual Life - Whole	SERFF Status: Closed	State Tr Num: 40270
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: P2401308NW	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: SPI	Disposition Date: 10/03/2008
	GreatAmericanFinancialRes	
	Date Submitted: 09/11/2008	Disposition Status: Approved
Implementation Date Requested:		Implementation Date:

State Filing Description:

## General Information

Project Name: Life Individual Whole	Status of Filing in Domicile: Pending
Project Number: P2401308NW	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/03/2008	
State Status Changed: 10/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Form P2401308GA is an individual whole life insurance policy. This form will only be issued to current policyholders who exercise their contractual right to convert from a term product to a permanent plan of insurance. It will not be illustrated. Because this policy is for conversion purposes only, an application is not required. An actuarial memorandum and all required certifications are enclosed.

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
 Company Tracking Number: P2401308NW  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Life Individual Whole  
 Project Name/Number: Life Individual Whole/P2401308NW

## Company and Contact

### Filing Contact Information

Stephen Essman, Compliance Specialist sessman@gafri.com  
 P. O. Box 5420 (513) 412-2731 [Phone]  
 Cincinnati, OH 45201-5420 (513) 412-1470[FAX]

### Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio  
 P. O. Box 5420 Group Code: 84 Company Type:  
 Cincinnati, OH 45201-5420 Group Name: Great American State ID Number:  
 Financial Resources, Inc.  
 (800) 854-3649 ext. [Phone] FEIN Number: 13-1935920  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	09/11/2008	22437744

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/03/2008	10/03/2008

### 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	09/30/2008	09/30/2008	SPI GreatAmericanFinancialRes	09/30/2008	09/30/2008

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
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## Disposition

Disposition Date: 10/03/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Great American Life Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter	Withdrawn	Yes
Form (revised)	Whole Life Insurance Policy		Yes
Form	Whole Life Insurance Policy	Withdrawn	Yes
Rate	Whole Life Premium Rates		Yes

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Life Individual Whole  
Project Name/Number: Life Individual Whole/P2401308NW

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/30/2008  
Submitted Date 09/30/2008  
Respond By Date

Dear Stephen Essman,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Whole Life Insurance Policy (Form)

Comment: Reinstatement interest which is shown as a variable may not be greater than 6%.

Please refer to policy Premiums and Reinstatement under Reinstatement provision. After the incontestable period expiration you may not restart a new Suicide provision upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract that provides for payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/30/2008  
Submitted Date 09/30/2008

Dear Linda Bird,

### Comments:

RE: Request For Approval - Great American Life Insurance Company  
P2401308FL Whole Life Insurance Policy

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
Company Tracking Number: P2401308NW  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Life Individual Whole  
Project Name/Number: Life Individual Whole/P2401308NW

Dear Ms. Bird:

Thank you for your review of this filing and your letter dated 09/30/2008. Please allow me to respond to the issues provided in your letter:

## Response 1

Comments: 1. Please be advised, we have revised the interest as provided in the Reinstatement provision to provide 6% instead of the original 8%.

2. Please be advised, to be in compliance with Ark. Code Ann. 23-81-115(a)(2)(E), we have removed the last paragraph of the Reinstatement provision, which provided:

After this Policy has been reinstated, a new Suicide provision and a new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.

3. Please be advised, to be in compliance with Ark Code Ann. 23-81-118, we have added the following language to the first paragraph of the Proceeds:

We will pay the Proceeds to the Beneficiary when we receive due proof that the Insured died while this Policy was in force. If the proceeds are not paid within 30 days, after proof of the Insured's death has been furnished to Us, interest upon any unpaid proceeds shall accrue interest from the date of the Insured's death to the date of payment.

## Related Objection 1

Applies To:

- Whole Life Insurance Policy (Form)

Comment:

Reinstatement interest which is shown as a variable may not be greater than 6%.

Please refer to policy Premiums and Reinstatement under Reinstatement provision. After the incontestable period expiration you may not restart a new Suicide provision upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract that provides for payment of interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

## Changed Items:

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
 Company Tracking Number: P2401308NW  
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**Supporting Document Schedule Item Changes**

Satisfied -Name: Cover Letter  
 Comment:

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Whole Life Insurance Policy	P2401308AR		Policy/Contract/Fraternal Certificate	Initial		53	P2401308AR.PDF
<b>Previous Version</b>							
Whole Life Insurance Policy	P2401308NW		Policy/Contract/Fraternal Certificate	Initial		53	P2401308NW.PDF

No Rate/Rule Schedule items changed.

NOTE: Since variations have been made to the original policy submitted to your Department, we have revised the form number of the policy to denote that it is now Arkansas state specific. The form number has been revised from P2401308NW to P2401308AR.

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 [sessman@gafri.com](mailto:sessman@gafri.com).

Sincerely,

Stephen E. Essman, ACS, AIAA, AIRC  
 Compliance Specialist

Sincerely,  
 SPI GreatAmericanFinancialRes

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
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 Product Name: Life Individual Whole  
 Project Name/Number: Life Individual Whole/P2401308NW

## Form Schedule

Lead Form Number: P2401308NW

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P2401308AR	Policy/Cont	Whole Life Insurance Initial			53	P2401308AR.PDF
	R	ract/Fratern	Policy				
		al	Certificate				



LIFE INSURANCE COMPANY

A Stock Insurance Company  
Home office: Cincinnati, Ohio  
Life Products: P.O. Box 5416, Cincinnati, Ohio 45201-5416  
Phone: (888) 863-5891

### **Whole Life Insurance Policy**

**Proceeds payable if the Insured dies while this Policy is in force.  
Premiums payable during the Insured's life.  
Non-Participating – No Dividends**

**Great American Life Insurance Company agrees to:** 1) pay the Death Benefit to the Beneficiary upon receipt at the home office of due proof that the Insured died while this Policy was in force; and 2) provide other rights and benefits according to the terms and conditions of the policy.

#### **THIRTY DAY RIGHT TO EXAMINATION**

You may cancel this policy ("Policy") by returning it and giving us written notice of cancellation. You have until midnight of the thirtieth (30<sup>th</sup>) day following the day you received this Policy and any attachments. This Policy must be returned and the required notice must be given to us, or to the producer through whom it was purchased, in person or by mail. If by mail, the return of the policy or the notice is effective on the date it is postmarked, with the proper address and with postage paid. If you cancel this Policy as set forth above, this Policy will be void and all premiums paid, will be refunded.

This Policy is a legal contract between the Owner and Great American Life Insurance Company.

#### **READ THIS POLICY CAREFULLY!**

Signed for Great American Life Insurance Company on the Policy Date.

**MARK F. MUETHING  
SECRETARY**

**CHARLES R. SCHEPER  
PRESIDENT**

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**POLICY SPECIFICATIONS**

**POLICY:**

<u>BENEFIT</u>	<u>FACE AMOUNT</u>	<u>MATURITY DATE</u>
Whole Life Insurance	[\$100,000]	[January 1, 2074]

**ANNUAL PREMIUM:** [\$1,294.00]

PREMIUM INCLUDES [\$40] ANNUAL POLICY FEE.

**PREMIUM INFORMATION:**                      Modal Premium: [\$1,294.00]    Payable: [Annually]

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT).

**CURRENT POLICY LOAN INTEREST RATE:** [6%]

**GUARANTEED MAXIMUM POLICY LOAN INTEREST RATE:** [8%]

**POLICYOWNER SERVICE:** For additional questions, inquiries or to make a complaint please write or call us.

Policyowner Service Department, Life Products  
Great American Life Insurance Company  
P.O. Box 5416  
Cincinnati, Ohio 45201-5416  
(888) 863-5891

<b>INSURED</b>	[JOHN DOE]	<b>OWNER</b>	[JOHN DOE]
<b>SEX AND AGE</b>	[MALE      35]	<b>POLICY DATE</b>	[January 1, 2009]
<b>RATE CLASS</b>	[Super Preferred]	<b>POLICY NUMBER</b>	[123456789]

**POLICY SPECIFICATIONS (continued)**

**TABLE OF VALUES**

<b><u>END OF YEAR</u></b>	<b><u>CASH VALUE</u></b>	<b><u>PAID-UP INSURANCE</u></b>	<b><u>END OF YEAR</u></b>	<b><u>CASH VALUE</u></b>	<b><u>PAID-UP INSURANCE</u></b>
1	[\$ -	\$ -	34	42,874.00	82,575.80
2	-	-	35	44,744.00	83,642.79
3	308.00	1,913.56	36	46,636.00	84,659.67
4	1,137.00	6,770.64	37	48,547.00	85,628.50
5	2,000.00	11,415.70	38	50,450.00	86,539.74
6	2,899.00	15,861.98	39	52,349.00	87,401.11
7	3,833.00	20,107.70	40	54,248.00	88,217.84
8	4,801.00	24,153.72	41	56,146.00	88,992.94
9	5,803.00	28,006.66	42	58,042.00	89,728.10
10	6,838.00	31,669.99	43	59,926.00	90,424.45
11	7,906.00	35,152.79	44	61,782.00	91,078.14
12	9,010.00	38,472.00	45	63,596.00	91,688.73
13	10,151.00	41,637.22	46	65,366.00	92,259.17
14	11,339.00	44,676.97	47	67,078.00	92,788.20
15	12,577.00	47,601.17	48	68,743.00	93,283.45
16	13,861.00	50,399.97	49	70,361.00	93,745.78
17	15,190.00	53,073.20	50	71,929.00	94,179.43
18	16,560.00	55,619.37	51	73,436.00	94,581.77
19	17,971.00	58,043.09	52	74,874.00	94,953.48
20	19,418.00	60,343.20	53	76,238.00	95,295.81
21	20,895.00	62,518.59	54	77,528.00	95,610.90
22	22,404.00	64,579.42	55	78,749.00	95,901.84
23	23,945.00	66,533.13	56	79,909.00	96,170.89
24	25,531.00	68,403.69	57	81,058.00	96,431.21
25	27,158.00	70,187.26	58	82,222.00	96,689.30
26	28,822.00	71,886.16	59	83,434.00	96,951.30
27	30,515.00	73,497.34	60	84,748.00	97,228.63
28	32,226.00	75,015.71	61	86,254.00	97,538.67
29	33,952.00	76,448.60	62	88,142.00	97,913.98
30	35,693.00	77,801.34	63	90,680.00	98,398.47
31	37,451.00	79,083.03	64	94,342.00	99,059.11
32	39,231.00	80,301.88	65	100,000.00	100,000.00]
33	41,038.00	81,464.04			

The values which apply to this Policy are those for the age of the Insured at issue and sex and rate class as stated on the Policy Specifications page of this Policy. Values are stated for the end of the Policy Year.

**Basis of Values:**

Mortality: 2001 CSO Table, Male or Female, Smoker or Nonsmoker, Age Nearest Birthday  
Curtate Functions for Nonforfeiture Values.

Interest: [5%] for Nonforfeiture Values.

## DEFINITIONS

**Age:** The Insured's age nearest birthday.

**Cash Value:** The amount available for surrender or Indebtedness.

**Cash Surrender Value:** The Cash Value less any Indebtedness.

**Face Amount:** The amount of insurance as shown on the Policy Specifications page or any endorsement to the Policy Specifications page.

**Indebtedness:** Any unpaid policy loans together with accrued interest.

**Insured:** The person whose life is insured under this Policy, as show on the Policy Specifications page. The Insured may or may not be the Owner.

**Loan Value:** The amount which, with accrued interest, equals the Cash Value on the next premium due date or the next Policy Anniversary, if earlier, less Indebtedness.

**Maturity Date:** The latest date on which all coverage under this Policy will terminate.

**Policy Date:** The date this Policy takes effect, as shown on the Policy Specifications page.

**Policy Month:** A period beginning each month on the day of Your Policy Date and ending the next month on the day preceding the date of the Policy Date.

**Policy Anniversary:** The same day and month as Your Policy Date for each succeeding year Your Policy stays in force.

**Policy Year:** A period of twelve (12) months beginning each year on the month and day of the Policy Date.

**Proceeds:** The amount We are obligated to pay under the terms of this Policy when the Insured dies.

**We, Us, Our:** Great American Life Insurance Company®.

**You, Your:** The Owner of this Policy.

**Written Request:** A request in writing signed by You. We may also require that Your Policy be sent in with Your request.

## GENERAL PROVISIONS

### **Entire Contract**

The entire contract consists of this Policy, and any application, any supplemental applications and any riders or endorsements attached to this Policy. In the absence of fraud all statements in the application(s) will be representations and not warranties. No statement will be used to void this Policy, or to contest a claim under it, unless it appears in the application(s).

### **Modification**

No producer has the authority to modify, change or waive any provision of this Policy. A modification will only be valid if it is in writing and approved by Our President, a Vice President or the Secretary. We may request that You submit this Policy for endorsement to show any change.

### **Incontestability**

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the Policy Date, except for non-payment of premiums. If this Policy is reinstated, this provision will be measured from the reinstatement date, and will be limited to material misrepresentations in the reinstatement application(s).

### **Suicide Exclusion**

If the Insured commits suicide while sane or insane within two (2) years from the Policy Date or any reinstatement date, the Proceeds will not be paid. In such event, We will pay to the Beneficiary an amount equal to the premiums paid less any Indebtedness plus any interest paid in advance. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

### **Guarantee Issue**

If this Policy is issued without evidence of insurability, as a conversion from a previously issued policy, the Incontestability and **Suicide Exclusion** provisions will be measured from the date the prior policy or agreement took effect, unless this Policy is reinstated.

### **Protection of Payments**

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive benefits under this Policy may commute, pledge, sell or assign any part of such benefits. To the extent permitted by law, such benefits shall not be subject to the claims of any payee's creditors or to legal process against any payee.

### **Misstatement**

If the Insured's age or sex has been misstated, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium paid would have provided based on the Insured's correct age or sex.

The age shown on the Policy Specifications page is the Insured's age as of the Policy Date.

### **Nonparticipation**

This Policy is non-participating. No dividends will be paid at any time.

### **End of Policy**

This Policy will end on the earliest of the following:

- 1) the date the Insured dies;
- 2) the date the grace period ends if sufficient premium has not been paid, unless the Cash Value can be used to keep this Policy in force;
- 3) when it is surrendered;
- 4) when the Indebtedness exceeds the Cash Value; or
- 5) on the Maturity Date as shown on the Policy Specifications page if the Insured is still alive.

## **DEATH BENEFIT**

### **Proceeds**

We will pay the Proceeds to the Beneficiary when we receive due proof that the Insured died while this Policy was in force. If the proceeds are not paid within 30 days, after proof of the Insured's death has been furnished to Us, interest upon any unpaid proceeds shall accrue interest from the date of the Insured's death to the date of payment.

The Proceeds are the sum of:

- 1) the Face Amount; plus
- 2) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- 3) any unpaid premium if death occurs during the grace period; and
- 4) any outstanding Indebtedness.

### **Maturity**

If the Insured is still alive on the Maturity Date as shown on the Specification Page and this Policy is still in force the Face Amount, less any Indebtedness, will be paid to You, and the coverage under this Policy will terminate. No further benefits will be payable under this Policy.

## **PREMIUMS AND REINSTATEMENT**

### **Payment of Premiums**

You may pay the first premium to us at Our Life Administration Office or to Our producer. All premiums after the first must be received by Us at Our Life Administration Office in order to keep this Policy in force.

The first premium must be paid no later than when this Policy is delivered. There is no insurance unless this premium is paid and all statements and answers in all parts of the application(s) remain correct.

Each premium after the first is payable while the Insured is still living and must be received by us on or before its due date. The due dates of premiums after the first are measured from the Policy Date.

Subject to the **Grace Period** provision, if any premium remains unpaid after the grace period, this Policy will lapse.

### **Premium Payment Frequency**

We will send premium notices to Your last known address according to the premium payment frequency (except for monthly bank draft) chosen by You and shown on the Policy Specifications page. The frequency of the payments may be changed by You to any mode shown on the Policy Specifications page by sending Us a Written Request.

### **Grace Period**

If We fail to receive a premium (other than the first) on or before its due date, You will be granted a grace period of thirty-one (31) days for the payment of such premium. This grace period will begin on the due date of such unpaid premium. This Policy will remain in force during the grace period. If any premium due is not paid by the end of the grace period, this Policy will terminate immediately on the day after the grace period ends, except as may be provided under the **Nonforfeiture Options** provision of this Policy.

If the Insured dies during the grace period, We will pay the death benefit, but We will deduct from it the premium needed to cover the period from the beginning of the grace period to the end of the Policy Month in which the Insured died.

### **Reinstatement**

If this Policy terminates for nonpayment of premiums, within five (5) years from the end of the grace period You may reinstate it. You may reinstate this Policy provided:

- 1) You have not surrendered this Policy for its Cash Surrender Value; and
- 2) You submit an application for reinstatement prior to the Maturity Date; and
- 3) You provide satisfactory evidence of the Insured's continued insurability; and
- 4) You pay all prior unpaid earned premiums with interest at a rate of six percent (6%) per year compounded annually from their due date to the date of reinstatement; and
- 5) You pay or reinstate any Indebtedness, plus six percent (6%) interest per year compounded annually.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

### **Reserve Basis**

The reserves for this Policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance supervisory official of the state in which this Policy is delivered.

## OWNER AND BENEFICIARY

### Owner

The Owner of this Policy is the Insured named on the Policy Specifications page, unless stated otherwise in the application, or later changed. As Owner, you can exercise rights and privileges under this Policy while the Insured is alive without the consent of any other person, unless You have provided otherwise by Written Request. You can change the Owner of this Policy if You send Us a Written Request to do so. If a new Owner is named, any earlier designations will be void, unless specified otherwise.

### Beneficiary

The Beneficiary is the person or persons named by You to receive the Proceeds when the Insured dies. If no Beneficiary is alive when the Insured dies, You will be the Beneficiary if living; otherwise, Your estate will be the Beneficiary.

### Change

You may change the Owner or Beneficiary during the lifetime of the Insured by sending Us a Written Request. However, any irrevocable Beneficiary must consent to the change. The change will not be in effect until it is recorded at Our Life Administration Office. Once it is recorded, it will take effect as of the date You signed it. Any such change is subject to the rights of any current assignee. The change will not apply to any payment made by Us before We recorded Your request. We are not responsible for the validity or adequacy of any change of Beneficiary or Owner You may make.

### Assignment

You may assign this Policy. We will not be bound by any assignment unless it is in writing, signed by You, and is recorded at Our Life Administration Office. We are not responsible for the validity or the adequacy of any assignment. Any amount to be paid to an assignee will be paid in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

## SURRENDER

### Nonforfeiture Options

If this Policy has a Cash Surrender Value, one of the following options may be chosen by Written Request. Such request must be made within thirty-one (31) days after the due date of an unpaid premium and before the Insured's death. The available options are:

- 1) Paid-Up Insurance – This Policy is continued from the due date of the unpaid premium at the reduced amount of paid-up life insurance. The amount of coverage will be that which the Cash Surrender Value will provide when applied as a net single premium at the Insured's sex and attained age on the due date of the unpaid premium.
- 2) Surrender – This Policy ends and is surrendered in accordance with the **Surrender** provision below.

**Surrender**

While this Policy is in force, You may surrender it for its Cash Surrender Value by sending Us a Written Request and returning the Policy. The date of the surrender will be the date We receive such request and Policy at Our Life Administration Office, or later if indicated. All coverage under this Policy will end on such date. The Cash Surrender Value will be determined from the date of surrender. However, if the Policy is surrendered within thirty (30) days after the due date of an unpaid premium, the Cash Surrender Value will not be less than the value on that premium due date.

We will first apply part or all of the Cash Value to repay any outstanding Indebtedness. You will receive the Cash Surrender Value.

**Automatic Option**

If no option is chosen within thirty-one (31) days of the due date of the unpaid premium, We will automatically continue this Policy in force with the Paid-Up Insurance option.

**Surrender of Paid-Up Insurance**

Paid-up insurance may be surrendered for its Cash Surrender Value. The Cash Value of paid-up insurance will be the net single premium at the attained age of the Insured on the date the Policy is surrendered. If the paid-up insurance is surrendered within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary. The date of surrender will be the date We receive the Written Request for surrender at our Life Administration Office. We may request that the Policy be sent with Your Written Request.

**Deferment**

Unless otherwise prohibited by law We may delay payment of any values for up to six (6) months from the date of surrender. If We delay for thirty (30) days or more, interest will be paid on such value at an effective annual rate of one percent (1%) or any higher rate We declare.

**Riders**

Any riders attached to the Policy are disregarded in computing values. Insurance provided under the Paid-Up Insurance options will not include riders.

**Basis of Values**

All values and reserves referred to in this Policy are computed using the mortality table and interest basis shown on the Policy Specifications page.

All Policy values equal or exceed those required by the state in which this Policy is delivered. A detailed statement of the method of computing these values has been filed with the insurance department of the state in which this Policy is delivered.

## LOANS

### Policy Loans

A policy loan may be obtained by sending Us a Written Request. The most You can borrow at any time is the Loan Value. The only security needed for the policy loan is the assignment of the Policy to Us.

### Policy Loan Interest

The policy loan interest rate is shown on the Policy Specifications page. This rate is not guaranteed and may change at any time. However, it will never be more than the guaranteed maximum policy loan interest rate also shown on the Policy Specifications page. Interest will accrue daily and is due at the end of each Policy Year. Interest not paid when due will be added to the amount of Your loan. It will be added as of the due date and will bear interest at the same rate.

### Repayment

A policy loan may be repaid at any time in full or in part at Our Life Administration Office while this Policy is in force prior to the death of the Insured or within sixty (60) days after the Insured's death if:

- 1) the Proceeds of the Policy have not been paid; or
- 2) the Policy is in force with no premiums in default or is in force as paid-up insurance.

### Termination

At any time the Indebtedness exceeds the amount of the Loan Value; this Policy will terminate.

### Deferment

Unless otherwise prohibited by law We may delay paying any values for up to six (6) months from the date We receive Your Written Request at Our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on such value at an effective annual rate of one percent (1%) or any higher rate We declare. We cannot defer payment of any values if the amount is to be used to pay a premium to Us.

## PAYMENT OF BENEFITS

### Payment

Any Proceeds payable at the death of the Insured will be paid in one (1) lump sum unless otherwise agreed. All or part of the amount to be paid may be applied to any of the following settlement options.

During the Insured's life, You may elect any settlement option by sending us a Written Request. At the time the Proceeds are payable, a Beneficiary may elect a settlement option if no option is then in effect.

The settlement option chosen by You and recorded at Our Life Administration Office while the Insured is alive will take effect on the date the Insured dies. All other settlement options will take effect when the Written Request is recorded at Our Life Administration Office or later, if requested.

### Settlement Options

- 1) **Interest Payments** — Any amount applied under this option will earn interest that can either be paid monthly or left to accumulate. Interest will be credited at an effective rate of [one percent (1%)] per year or any higher rate We declare. The first interest payment will be made one (1) month after this option takes effect. The accumulated interest and all or part of that amount may be withdrawn at any time. The minimum withdrawal allowed will be \$500.

- 2) **Fixed Period Payments** — We will make periodic payments for a fixed period. The first payment will be paid as of the last day of the initial payment interval. The maximum time over which payments will be made by Us or money will be held is thirty (30) years. Payments will be based on the rates shown in the Minimum Income Table for Option 2.
- 3) **Fixed Amount Payments** — Monthly payments of not less than \$5.00 per \$1,000 of the amount applied under this option will be made until the full amount plus interest has been paid. The first payment will be made on the date this option takes effect. The unpaid balance may be withdrawn at any time.
- 4) **Life Income Payments** — Monthly payments will be made according to the option chosen below and the rates shown in the Minimum Income Table for Option 4. The first payment will be made on the date this option takes effect.

Payments will be based on the payee's age on the date the first payment is due. Payment will be subject to satisfactory proof of the payee's age.

- (a) Life Income – payments will be made only during the lifetime of the payee.
- (b) Life Income with Certain period – Payments will be made for a guaranteed period of either ten (10) or twenty (20) years. Such payments will be made even if the payee dies. After the certain period, payments will only be made while the payee is alive.

We reserve the right to require proof the payee is alive at any time any payment is made. Any amount applied to any of the life income options, may be withdrawn.

This option will not be available, except with Our consent, if the payee is one (1) of the following:

- (a) corporation;
- (b) partnership;
- (c) association; or
- (d) guardian, trustee or representative of an estate.

Payments will be based on interest rates declared by Us. Payments will not be less than the minimums described in the Minimum Income Tables.

- 5) **Other Payment Options** — Any amount payable under this Policy may be paid in any other manner agreed to by Us.

Amounts applied to the Interest Payments, Fixed Period Payments and Fixed Amount Payments options will earn interest at rates declared annually by Us. The minimum effective rate will be [one percent (1%)] per year. Interest in excess of [one percent (1%)] will increase the amount of payments or, for the Fixed Amount Payments Option, the period of payments will be lengthened. The present value of any unpaid payment will be based on the [one percent (1%)]. We may offer higher guaranteed rates with certain conditions on amounts and withdrawals.

Minimum income rates are based on the Annuity 2000 Mortality Table for blended lives (60% female/40% male). Interest is assumed at the rate of [one percent (1%)] per year.

**Payment Frequency**

Payments may be made in annual, semi-annual, quarterly or monthly durations.

**Minimum Amounts**

Proceeds of less than \$1,000 may not be applied under any settlement option. If payments are less than \$50.00, We have the right to change the payment frequency or pay the withdrawal value.

**Payment Certificate**

At the time an amount becomes payable under a settlement option, a payment certificate will be issued to the payee in exchange for this Policy. The effective date of the certificate will be the effective date of the option.

**Death of Payee**

If any payments remain to be made when the payee dies, they will be made according to the terms of the payment certificate.

**Withdrawals and Changes**

A Beneficiary receiving payment under an option with the right to withdraw may transfer the withdrawal value to any other option available.

- 1) **Limitations** — The right to change the method of payment will be available if it is provided in the payment certificate.
- 2) **Deferment** — Unless otherwise prohibited by law We may delay payment of a withdrawal for up to six (6) months from the date the Written Request is recorded at Our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on the withdrawal at an effective annual rate of one percent (1%). We may declare a higher rate from the date the withdrawal request is recorded to the payment date. We also may require the return of payment certificate for endorsement.

**Minimum Income Table**

The following tables list the minimum income per \$1,000 of the amount applied under Options 2 and 4.

MINIMUM INCOME TABLES  
MINIMUM INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

**OPTION 2 — FIXED PERIOD PAYMENTS**

Period (Years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment
1	[\$1,010.00	\$503.74	\$251.55	\$83.78
2	507.51	253.12	126.40	42.10
3	340.02	169.58	84.68	28.20
4	256.28	127.82	63.83	21.25
5	206.03	102.76	51.31	17.09
6	172.54	86.05	42.97	14.31
7	148.62	74.12	37.01	12.32
8	130.69	65.18	32.55	10.84
9	116.74	58.22	29.07	9.68
10	105.58	52.65	26.29	8.75
11	96.45	48.10	24.02	8.00
12	88.84	44.31	22.12	7.37
13	82.41	41.10	20.52	6.83
14	76.90	38.35	19.15	6.37
15	72.12	35.97	17.96	5.98
16	67.94	33.88	16.92	5.63
17	64.25	32.04	16.00	5.33
18	60.98	30.41	15.18	5.05
19	58.05	28.95	14.45	4.81
20	55.41	27.63	13.80	4.59]

**OPTION 4 — LIFE INCOME PAYMENTS**

Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain	Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain
0-10	[\$1.60	\$1.60	\$1.60	45	\$2.56	\$2.56	\$2.53
11	1.62	1.62	1.62	46	2.61	2.61	2.58
12	1.63	1.63	1.63	47	2.67	2.66	2.62
13	1.65	1.65	1.65	48	2.72	2.71	2.67
14	1.67	1.67	1.66	49	2.78	2.77	2.73
15	1.68	1.68	1.68	50	2.84	2.83	2.78
16	1.70	1.70	1.70	51	2.91	2.89	2.84
17	1.72	1.72	1.71	52	2.98	2.96	2.89
18	1.73	1.73	1.73	53	3.05	3.03	2.95
19	1.75	1.75	1.75	54	3.12	3.10	3.02
20	1.77	1.77	1.77	55	3.20	3.18	3.08
21	1.79	1.79	1.79	56	3.28	3.26	3.15
22	1.81	1.81	1.81	57	3.37	3.34	3.21
23	1.83	1.83	1.83	58	3.46	3.43	3.28
24	1.86	1.85	1.85	59	3.56	3.52	3.35
25	1.88	1.88	1.87	60	3.67	3.62	3.43
26	1.90	1.90	1.90	61	3.78	3.72	3.50
27	1.93	1.92	1.92	62	3.90	3.83	3.58
28	1.95	1.95	1.95	63	4.02	3.95	3.65
29	1.98	1.97	1.97	64	4.16	4.07	3.73
30	2.00	2.00	2.00	65	4.30	4.20	3.80
31	2.03	2.03	2.02	66	4.45	4.33	3.87
32	2.06	2.06	2.05	67	4.61	4.47	3.95
33	2.09	2.09	2.08	68	4.79	4.62	4.01
34	2.12	2.12	2.11	69	4.97	4.77	4.08
35	2.15	2.15	2.14	70	5.17	4.93	4.15
36	2.19	2.18	2.18	71	5.39	5.10	4.21
37	2.22	2.22	2.21	72	5.62	5.28	4.26
38	2.26	2.26	2.24	73	5.86	5.46	4.31
39	2.30	2.29	2.28	74	6.13	5.64	4.36
40	2.34	2.33	2.32	75	6.42	5.83	4.40
41	2.38	2.37	2.36	76	6.72	6.03	4.43
42	2.42	2.42	2.40	77	7.06	6.23	4.46
43	2.47	2.46	2.44	78	7.41	6.43	4.49
44	2.51	2.51	2.48	79	7.80	6.62	4.51]

Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain
80	[\$8.21	\$6.82	\$4.53
81	8.66	7.01	4.55
82	9.15	7.20	4.56
83	9.67	7.37	4.57
84	10.23	7.54	4.58
85	10.83	7.69	4.58
86	11.48	7.84	4.59
87	12.17	7.97	4.59
88	12.91	8.09	4.59
89	13.69	8.19	4.59
90	14.51	8.29	4.59
91	15.38	8.37	4.59
92	16.30	8.45	4.59
93	17.26	8.51	4.59
94	18.27	8.57	4.59
95	19.34	8.61	4.59]



## **NOTICE**

This Policy is valuable property. If anyone suggests replacing it, please contact Us first to be certain of Your rights.

When You write to Us, please give Us Your name, address and Policy number. Please notify Us promptly of any changes. We will write to you at Your last known address, shown on our records.

## **GREAT AMERICAN LIFE INSURANCE COMPANY<sup>®</sup>**

### **Whole Life Insurance Policy**

**Proceeds payable if the Insured dies while this Policy is in force.**

**Premiums payable during the Insured's life.**

**Non-Participating – No Dividend**

SERFF Tracking Number: GRAX-125813900  
 Filing Company: Great American Life Insurance Company  
 Company Tracking Number: P2401308NW  
 TOI: L071 Individual Life - Whole  
 Product Name: Life Individual Whole  
 Project Name/Number: Life Individual Whole/P2401308NW

State: Arkansas  
 State Tracking Number: 40270  
 Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

## Rate Information

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** Neutral  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Great American Life Insurance Company	%	%				%	%

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
 Company Tracking Number: P2401308NW  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Life Individual Whole  
 Project Name/Number: Life Individual Whole/P2401308NW

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Whole Life Premium Rates	P2401308NW	New		P2401308NW - R.PDF

GREAT AMERICAN LIFE INSURANCE COMPANY

P2401308NW

**2001 CSO Whole Life Product Premiums Per 1000**

**MALE**

<b>Age</b>	<b>Super Preferred</b>	<b>Preferred Plus</b>	<b>Preferred</b>	<b>Select Plus</b>	<b>Select</b>	<b>Standard</b>
0	4.92	5.66	5.66	5.66	-	-
1	4.96	5.79	5.79	5.79	-	-
2	5.02	5.90	5.99	5.99	-	-
3	5.06	5.95	6.22	6.22	-	-
4	5.11	6.01	6.49	6.49	-	-
5	5.16	6.07	6.78	6.78	-	-
6	5.22	6.14	7.09	7.09	-	-
7	5.28	6.21	7.41	7.41	-	-
8	5.34	6.28	7.74	7.74	-	-
9	5.42	6.38	8.10	8.10	-	-
10	5.52	6.49	8.44	8.47	-	-
11	5.64	6.63	8.62	8.86	-	-
12	5.78	6.80	8.84	9.26	-	-
13	5.93	6.98	9.07	9.67	-	-
14	6.09	7.17	9.32	10.04	-	-
15	6.26	7.36	9.57	10.30	12.82	13.74
16	6.41	7.54	9.80	10.56	13.12	14.34
17	6.55	7.71	10.02	10.79	13.35	14.95
18	6.68	7.86	10.22	11.00	13.55	15.56
19	6.89	8.10	10.53	11.34	13.75	16.17
20	7.11	8.36	10.87	11.70	13.98	16.80
21	7.37	8.67	11.27	12.14	14.23	17.46
22	7.68	9.03	11.74	12.64	14.46	18.14
23	8.00	9.41	12.23	13.17	14.71	18.55
24	8.34	9.81	12.75	13.73	15.02	18.94
25	8.67	10.20	13.26	14.28	15.41	19.43
26	9.00	10.59	13.77	14.83	15.90	20.05
27	9.32	10.97	14.26	15.36	16.48	20.78
28	9.66	11.37	14.78	15.92	17.12	21.59
29	10.02	11.79	15.33	16.51	17.78	22.42
30	10.40	12.23	15.90	17.12	18.43	23.24

## 2001 CSO Whole Life Product Premiums Per 1000

### MALE

Age	Super Preferred	Preferred Plus	Preferred	Select Plus	Select	Standard
31	10.79	12.69	16.50	17.77	19.08	24.06
32	11.20	13.18	17.13	18.45	19.72	24.87
33	11.63	13.68	17.78	19.15	20.39	25.71
34	12.08	14.21	18.47	19.89	21.09	26.59
35	12.54	14.75	19.18	20.65	21.87	27.58
36	13.00	15.29	19.88	21.41	22.71	28.64
37	13.46	15.83	20.58	22.16	23.61	29.77
38	13.94	16.40	21.32	22.96	24.55	30.96
39	14.48	17.03	22.14	23.84	25.55	32.22
40	15.10	17.76	23.09	24.86	26.61	33.55
41	15.83	18.62	24.21	26.07	27.69	34.92
42	16.65	19.59	25.47	27.43	28.80	36.31
43	17.53	20.62	26.81	28.87	29.98	37.80
44	18.40	21.65	28.15	30.31	31.30	39.47
45	19.23	22.62	29.41	31.67	32.81	41.37
46	19.95	23.47	30.51	32.86	34.55	43.56
47	20.60	24.24	31.51	33.94	36.46	45.97
48	21.28	25.03	32.54	35.04	38.51	48.56
49	22.03	25.92	33.70	36.29	40.66	51.27
50	22.97	27.02	35.13	37.83	42.88	54.07
51	24.11	28.36	36.87	39.70	45.13	56.28
52	25.40	29.88	38.84	41.83	47.43	58.47
53	26.79	31.52	40.98	44.13	49.84	60.73
54	28.24	33.22	43.19	46.51	52.41	63.06
55	29.70	34.94	45.42	48.92	55.18	65.43
56	31.11	36.60	47.58	51.24	58.11	67.83
57	32.50	38.24	49.71	53.54	61.18	70.28
58	33.97	39.96	51.95	55.94	64.43	72.78
59	35.58	41.86	54.42	58.60	67.98	75.40
60	37.45	44.06	57.28	61.68	71.88	78.13

## 2001 CSO Whole Life Product Premiums Per 1000

### MALE

Age	Super Preferred	Preferred Plus	Preferred	Select Plus	Select	Standard
61	39.53	46.50	60.45	65.10	76.02	80.96
62	41.76	49.13	63.87	68.78	80.34	83.87
63	44.19	51.99	67.59	72.79	85.03	86.81
64	46.89	55.16	71.71	76.50	89.75	89.75
65	49.90	58.70	76.31	79.38	92.71	92.71
66	54.15	63.71	82.32	82.32	95.69	95.69
67	58.69	69.05	85.35	85.35	98.76	98.76
68	63.73	74.97	88.51	88.51	101.95	101.95
69	69.47	81.73	91.82	91.82	105.30	105.30
70	76.18	89.63	95.31	95.31	108.86	108.86
71	83.88	98.68	98.97	98.97	112.64	112.64
72	91.49	102.83	102.83	102.83	116.65	116.65
73	101.98	106.82	106.82	106.82	120.79	120.79
74	110.99	110.99	110.99	110.99	125.15	125.15
75	115.39	115.39	115.39	115.39	129.82	129.82
76	120.09	120.09	120.09	120.09	134.82	134.82
77	125.13	125.13	125.13	125.13	140.21	140.21
78	130.53	130.53	130.53	130.53	145.99	145.99
79	136.29	136.29	136.29	136.29	152.15	152.15
80	142.40	142.40	142.40	142.40	158.65	158.65
81	148.91	148.91	148.91	148.91	165.55	165.55
82	155.82	155.82	155.82	155.82	172.83	172.83
83	163.25	163.25	163.25	163.25	180.68	180.68
84	171.30	171.30	171.30	171.30	189.24	189.24
85	180.02	180.02	180.02	180.02	198.62	198.62

## 2001 CSO Whole Life Product Premiums Per 1000

### FEMALE

Age	Super Preferred	Preferred Plus	Preferred	Select Plus	Select	Standard
0	4.56	4.56	4.56	4.56	-	-
1	4.71	4.71	4.71	4.71	-	-
2	4.89	4.89	4.89	4.89	-	-
3	4.98	5.09	5.09	5.09	-	-
4	5.00	5.31	5.31	5.31	-	-
5	5.04	5.55	5.55	5.55	-	-
6	5.09	5.65	5.80	5.80	-	-
7	5.13	5.70	6.06	6.06	-	-
8	5.18	5.75	6.33	6.33	-	-
9	5.24	5.82	6.61	6.61	-	-
10	5.31	5.90	6.91	6.91	-	-
11	5.39	5.99	7.22	7.22	-	-
12	5.47	6.08	7.54	7.54	-	-
13	5.56	6.18	7.73	7.88	-	-
14	5.68	6.31	7.89	8.23	-	-
15	5.81	6.45	8.06	8.59	10.46	11.33
16	5.95	6.61	8.26	8.92	10.66	11.84
17	6.11	6.79	8.49	9.17	10.86	12.38
18	6.29	6.99	8.74	9.44	11.06	12.83
19	6.49	7.21	9.01	9.73	11.30	13.11
20	6.73	7.48	9.35	10.10	11.55	13.40
21	7.02	7.80	9.75	10.53	11.83	13.72
22	7.36	8.18	10.23	11.04	12.11	14.05
23	7.71	8.57	10.71	11.57	12.44	14.43
24	8.07	8.97	11.21	12.11	12.79	14.83
25	8.39	9.32	11.65	12.58	13.18	15.28
26	8.66	9.62	12.03	12.99	13.61	15.79
27	8.91	9.90	12.38	13.37	14.11	16.37
28	9.14	10.16	12.70	13.72	14.63	16.97
29	9.40	10.44	13.05	14.09	15.16	17.59
30	9.68	10.75	13.44	14.51	15.69	18.20

## 2001 CSO Whole Life Product Premiums Per 1000

### FEMALE

Age	Super Preferred	Preferred Plus	Preferred	Select Plus	Select	Standard
31	9.99	11.10	13.88	14.99	16.19	18.78
32	10.31	11.46	14.33	15.47	16.66	19.33
33	10.67	11.85	14.81	16.00	17.15	19.89
34	11.03	12.26	15.33	16.55	17.71	20.55
35	11.43	12.70	15.88	17.15	18.36	21.30
36	11.84	13.16	16.45	17.77	19.15	22.21
37	12.27	13.63	17.04	18.40	20.04	23.24
38	12.72	14.13	17.66	19.08	20.99	24.35
39	13.23	14.70	18.38	19.85	21.95	25.46
40	13.81	15.34	19.18	20.71	22.88	26.54
41	14.49	16.10	20.13	21.74	23.69	27.48
42	15.27	16.97	21.21	22.91	24.44	28.35
43	16.09	17.88	22.35	24.14	25.20	29.23
44	16.89	18.77	23.46	25.34	26.13	30.31
45	17.63	19.59	24.49	26.45	27.29	31.65
46	18.27	20.30	25.38	27.41	29.38	34.08
47	18.84	20.93	26.16	28.26	31.81	36.90
48	19.40	21.55	26.94	29.09	34.46	39.98
49	19.97	22.19	27.74	29.96	37.17	43.11
50	20.62	22.91	28.64	30.93	39.78	46.14
51	21.31	23.68	29.60	31.97	43.58	50.56
52	22.01	24.46	30.58	33.02	44.46	51.57
53	22.77	25.30	31.63	34.16	46.78	54.26
54	23.63	26.25	32.81	35.44	49.28	57.16
55	24.62	27.35	34.19	36.92	52.13	59.41
56	25.77	28.63	35.79	38.65	54.92	61.56
57	27.05	30.06	37.58	40.58	58.00	63.75
58	28.43	31.59	39.49	42.65	61.28	65.99
59	29.89	33.21	41.51	44.83	64.73	68.28
60	31.38	34.87	43.59	47.07	68.28	70.62

## 2001 CSO Whole Life Product Premiums Per 1000

### FEMALE

<b>Age</b>	<b>Super Preferred</b>	<b>Preferred Plus</b>	<b>Preferred</b>	<b>Select Plus</b>	<b>Select</b>	<b>Standard</b>
61	32.86	36.51	45.64	49.29	71.84	73.02
62	34.34	38.16	47.70	51.52	75.44	75.48
63	35.92	39.91	49.89	53.88	77.99	77.99
64	37.67	41.85	52.31	56.50	80.58	80.58
65	39.66	44.07	55.09	59.49	83.26	83.26
66	41.79	46.43	58.04	62.68	86.03	86.03
67	43.98	48.87	61.09	65.97	88.90	88.90
68	46.45	51.61	64.51	69.67	91.88	91.88
69	49.36	54.84	68.55	74.03	94.98	94.98
70	52.92	58.80	73.50	79.38	98.20	98.20
71	57.15	63.50	79.38	84.64	101.54	101.54
72	61.91	68.79	85.99	87.76	105.00	105.00
73	67.19	74.65	91.00	91.00	108.56	108.56
74	72.94	81.04	94.36	94.36	112.23	112.23
75	79.14	87.93	97.85	97.85	116.02	116.02
76	85.18	94.64	101.50	101.50	119.98	119.98
77	91.08	101.20	105.33	105.33	124.17	124.17
78	97.75	108.61	109.38	109.38	128.62	128.62
79	106.13	113.68	113.68	113.68	133.38	133.38
80	117.12	118.29	118.29	118.29	138.52	138.52
81	123.24	123.24	123.24	123.24	144.09	144.09
82	128.41	128.41	128.41	128.41	149.79	149.79
83	133.81	133.81	133.81	133.81	155.61	155.61
84	139.58	139.58	139.58	139.58	161.67	161.67
85	145.75	145.75	145.75	145.75	167.91	167.91

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
Company Tracking Number: P2401308NW  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Life Individual Whole  
Project Name/Number: Life Individual Whole/P2401308NW

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 09/11/2008

**Comments:**

**Attachment:**

AR - CONSENT TO SUBMIT RATES AND\_OR COST BASES FOR APPROVAL.PDF

### Review Status:

**Satisfied -Name:** Cover Letter 09/30/2008

**Comments:**

**Attachment:**

Cover Letter.PDF

**STATE OF ARKANSAS**

**Certification**

Name of Company: Great American Life Insurance Company

The above named company certifies that Whole Life Insurance Policy  
Form No. P2401308NW has been reviewed and complies with Arkansas  
Insurance Department Guidelines identified in its Bulletin No. 11-83.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Stephen E. Essman  
Print or Type Name

\_\_\_\_\_  
Compliance Specialist  
Title



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

September 30, 2008

NAIC No. 0084-63312

FEIN No. 13-1935920

Ms. Linda Bird  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Request For Approval - Great American Life Insurance Company  
P2401308AR Whole Life Insurance Policy

Dear Ms. Bird:

Thank you for your review of this filing and your letter dated 09/30/2008. Please allow me to respond to the issues provided in your letter:

1. Please be advised, we have revised the interest as provided in the Reinstatement provision to provide 6% instead of the original 8%.
2. Please be advised, to be in compliance with Ark. Code Ann. 23-81-115(a)(2)(E), we have removed the last paragraph of the Reinstatement provision, which provided:

After this Policy has been reinstated, a new *Suicide* provision and a new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.

3. Please be advised, to be in compliance with Ark Code Ann. 23-81-118, we have added the following language to the first paragraph of the Proceeds:

We will pay the Proceeds to the Beneficiary when we receive due proof that the Insured died while this Policy was in force. If the proceeds are not paid within 30 days, after proof of the Insured's death has been furnished to Us, interest upon any unpaid proceeds shall accrue interest from the date of the Insured's death to the date of payment.

STEPHEN E. ESSMAN, ACS, AIAA, AIRC , COMPLIANCE SPECIALIST  
(800) 854-3649 (TOLL FREE - EXT. 12731)  
(513) 412-2731 (DIRECT DIAL) \* (513) 412-1470 FAX

NOTE: Since variations have been made to the original policy submitted to your Department, we have revised the form number of the policy to denote that it is now Arkansas state specific. The form number has been revised from P2401308NW to P2401308AR.

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 [sessman@gafri.com](mailto:sessman@gafri.com).

Sincerely,



Stephen E. Essman, ACS, AIAA, AIRC  
Compliance Specialist

SERFF Tracking Number: GRAX-125813900 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40270  
 Company Tracking Number: P2401308NW  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Life Individual Whole  
 Project Name/Number: Life Individual Whole/P2401308NW

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Whole Life Insurance Policy	09/11/2008	P2401308NW.PDF
No original date	Supporting Document	Cover Letter	09/11/2008	Cover Letter.PDF



LIFE INSURANCE COMPANY

A Stock Insurance Company  
Home office: Cincinnati, Ohio  
Life Products: P.O. Box 5416, Cincinnati, Ohio 45201-5416  
Phone: (888) 863-5891

### **Whole Life Insurance Policy**

**Proceeds payable if the Insured dies while this Policy is in force.  
Premiums payable during the Insured's life.  
Non-Participating – No Dividends**

**Great American Life Insurance Company agrees to:** 1) pay the Death Benefit to the Beneficiary upon receipt at the home office of due proof that the Insured died while this Policy was in force; and 2) provide other rights and benefits according to the terms and conditions of the policy.

#### **THIRTY DAY RIGHT TO EXAMINATION**

You may cancel this policy ("Policy") by returning it and giving us written notice of cancellation. You have until midnight of the thirtieth (30<sup>th</sup>) day following the day you received this Policy and any attachments. This Policy must be returned and the required notice must be given to us, or to the producer through whom it was purchased, in person or by mail. If by mail, the return of the policy or the notice is effective on the date it is postmarked, with the proper address and with postage paid. If you cancel this Policy as set forth above, this Policy will be void and all premiums paid, will be refunded.

This Policy is a legal contract between the Owner and Great American Life Insurance Company.

#### **READ THIS POLICY CAREFULLY!**

Signed for Great American Life Insurance Company on the Policy Date.

**MARK F. MUETHING  
SECRETARY**

**CHARLES R. SCHEPER  
PRESIDENT**

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**POLICY SPECIFICATIONS**

**POLICY:**

<u>BENEFIT</u>	<u>FACE AMOUNT</u>	<u>MATURITY DATE</u>
Whole Life Insurance	[\$100,000]	[January 1, 2074]

**ANNUAL PREMIUM:** [\$1,294.00]

PREMIUM INCLUDES [\$40] ANNUAL POLICY FEE.

**PREMIUM INFORMATION:**                      Modal Premium: [\$1,294.00]    Payable: [Annually]

PREMIUMS PAID OTHER THAN ANNUALLY ARE DETERMINED BY MULTIPLYING THE TOTAL ANNUAL PREMIUM BY A CERTAIN PERCENTAGE. SUCH PERCENTAGES ARE: [.50] (SEMIANNUAL); [.25] (QUARTERLY); AND [.0834] (MONTHLY BANK DRAFT).

**CURRENT POLICY LOAN INTEREST RATE:** [6%]

**GUARANTEED MAXIMUM POLICY LOAN INTEREST RATE:** [8%]

**POLICYOWNER SERVICE:** For additional questions, inquiries or to make a complaint please write or call us.

Policyowner Service Department, Life Products  
Great American Life Insurance Company  
P.O. Box 5416  
Cincinnati, Ohio 45201-5416  
(888) 863-5891

<b>INSURED</b>	[JOHN DOE]	<b>OWNER</b>	[JOHN DOE]
<b>SEX AND AGE</b>	[MALE      35]	<b>POLICY DATE</b>	[January 1, 2009]
<b>RATE CLASS</b>	[Super Preferred]	<b>POLICY NUMBER</b>	[123456789]

**POLICY SPECIFICATIONS (continued)**

**TABLE OF VALUES**

<b><u>END OF YEAR</u></b>	<b><u>CASH VALUE</u></b>	<b><u>PAID-UP INSURANCE</u></b>	<b><u>END OF YEAR</u></b>	<b><u>CASH VALUE</u></b>	<b><u>PAID-UP INSURANCE</u></b>
1	[\$ -	\$ -	34	42,874.00	82,575.80
2	-	-	35	44,744.00	83,642.79
3	308.00	1,913.56	36	46,636.00	84,659.67
4	1,137.00	6,770.64	37	48,547.00	85,628.50
5	2,000.00	11,415.70	38	50,450.00	86,539.74
6	2,899.00	15,861.98	39	52,349.00	87,401.11
7	3,833.00	20,107.70	40	54,248.00	88,217.84
8	4,801.00	24,153.72	41	56,146.00	88,992.94
9	5,803.00	28,006.66	42	58,042.00	89,728.10
10	6,838.00	31,669.99	43	59,926.00	90,424.45
11	7,906.00	35,152.79	44	61,782.00	91,078.14
12	9,010.00	38,472.00	45	63,596.00	91,688.73
13	10,151.00	41,637.22	46	65,366.00	92,259.17
14	11,339.00	44,676.97	47	67,078.00	92,788.20
15	12,577.00	47,601.17	48	68,743.00	93,283.45
16	13,861.00	50,399.97	49	70,361.00	93,745.78
17	15,190.00	53,073.20	50	71,929.00	94,179.43
18	16,560.00	55,619.37	51	73,436.00	94,581.77
19	17,971.00	58,043.09	52	74,874.00	94,953.48
20	19,418.00	60,343.20	53	76,238.00	95,295.81
21	20,895.00	62,518.59	54	77,528.00	95,610.90
22	22,404.00	64,579.42	55	78,749.00	95,901.84
23	23,945.00	66,533.13	56	79,909.00	96,170.89
24	25,531.00	68,403.69	57	81,058.00	96,431.21
25	27,158.00	70,187.26	58	82,222.00	96,689.30
26	28,822.00	71,886.16	59	83,434.00	96,951.30
27	30,515.00	73,497.34	60	84,748.00	97,228.63
28	32,226.00	75,015.71	61	86,254.00	97,538.67
29	33,952.00	76,448.60	62	88,142.00	97,913.98
30	35,693.00	77,801.34	63	90,680.00	98,398.47
31	37,451.00	79,083.03	64	94,342.00	99,059.11
32	39,231.00	80,301.88	65	100,000.00	100,000.00]
33	41,038.00	81,464.04			

The values which apply to this Policy are those for the age of the Insured at issue and sex and rate class as stated on the Policy Specifications page of this Policy. Values are stated for the end of the Policy Year.

**Basis of Values:**

Mortality: 2001 CSO Table, Male or Female, Smoker or Nonsmoker, Age Nearest Birthday  
Curtate Functions for Nonforfeiture Values.

Interest: [5%] for Nonforfeiture Values.

## DEFINITIONS

**Age:** The Insured's age nearest birthday.

**Cash Value:** The amount available for surrender or Indebtedness.

**Cash Surrender Value:** The Cash Value less any Indebtedness.

**Face Amount:** The amount of insurance as shown on the Policy Specifications page or any endorsement to the Policy Specifications page.

**Indebtedness:** Any unpaid policy loans together with accrued interest.

**Insured:** The person whose life is insured under this Policy, as show on the Policy Specifications page. The Insured may or may not be the Owner.

**Loan Value:** The amount which, with accrued interest, equals the Cash Value on the next premium due date or the next Policy Anniversary, if earlier, less Indebtedness.

**Maturity Date:** The latest date on which all coverage under this Policy will terminate.

**Policy Date:** The date this Policy takes effect, as shown on the Policy Specifications page.

**Policy Month:** A period beginning each month on the day of Your Policy Date and ending the next month on the day preceding the date of the Policy Date.

**Policy Anniversary:** The same day and month as Your Policy Date for each succeeding year Your Policy stays in force.

**Policy Year:** A period of twelve (12) months beginning each year on the month and day of the Policy Date.

**Proceeds:** The amount We are obligated to pay under the terms of this Policy when the Insured dies.

**We, Us, Our:** Great American Life Insurance Company®.

**You, Your:** The Owner of this Policy.

**Written Request:** A request in writing signed by You. We may also require that Your Policy be sent in with Your request.

## GENERAL PROVISIONS

### Entire Contract

The entire contract consists of this Policy, and any application, any supplemental applications and any riders or endorsements attached to this Policy. In the absence of fraud all statements in the application(s) will be representations and not warranties. No statement will be used to void this Policy, or to contest a claim under it, unless it appears in the application(s).

### Modification

No producer has the authority to modify, change or waive any provision of this Policy. A modification will only be valid if it is in writing and approved by Our President, a Vice President or the Secretary. We may request that You submit this Policy for endorsement to show any change.

### Incontestability

We will not contest this Policy after it has been in force during the Insured's life for two (2) years from the Policy Date, except for non-payment of premiums. If this Policy is reinstated, this provision will be measured from the reinstatement date, and will be limited to material misrepresentations in the reinstatement application(s).

### Suicide Exclusion

If the Insured commits suicide while sane or insane within two (2) years from the Policy Date or any reinstatement date, the Proceeds will not be paid. In such event, We will pay to the Beneficiary an amount equal to the premiums paid less any Indebtedness plus any interest paid in advance. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

### Guarantee Issue

If this Policy is issued without evidence of insurability, as a conversion from a previously issued policy, the Incontestability and **Suicide Exclusion** provisions will be measured from the date the prior policy or agreement took effect, unless this Policy is reinstated.

### Protection of Payments

Unless You and We agree to it, or unless otherwise provided in this Policy, no one entitled to receive benefits under this Policy may commute, pledge, sell or assign any part of such benefits. To the extent permitted by law, such benefits shall not be subject to the claims of any payee's creditors or to legal process against any payee.

### Misstatement

If the Insured's age or sex has been misstated, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium paid would have provided based on the Insured's correct age or sex.

The age shown on the Policy Specifications page is the Insured's age as of the Policy Date.

### Nonparticipation

This Policy is non-participating. No dividends will be paid at any time.

### **End of Policy**

This Policy will end on the earliest of the following:

- 1) the date the Insured dies;
- 2) the date the grace period ends if sufficient premium has not been paid, unless the Cash Value can be used to keep this Policy in force;
- 3) when it is surrendered;
- 4) when the Indebtedness exceeds the Cash Value; or
- 5) on the Maturity Date as shown on the Policy Specifications page if the Insured is still alive.

## **DEATH BENEFIT**

### **Proceeds**

We will pay the Proceeds to the Beneficiary when we receive due proof that the Insured died while this Policy was in force.

The Proceeds are the sum of:

- 1) the Face Amount; plus
- 2) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- 3) any unpaid premium if death occurs during the grace period; and
- 4) any outstanding Indebtedness.

### **Maturity**

If the Insured is still alive on the Maturity Date as shown on the Specification Page and this Policy is still in force the Face Amount, less any Indebtedness, will be paid to You, and the coverage under this Policy will terminate. No further benefits will be payable under this Policy.

## **PREMIUMS AND REINSTATEMENT**

### **Payment of Premiums**

You may pay the first premium to us at Our Life Administration Office or to Our producer. All premiums after the first must be received by Us at Our Life Administration Office in order to keep this Policy in force.

The first premium must be paid no later than when this Policy is delivered. There is no insurance unless this premium is paid and all statements and answers in all parts of the application(s) remain correct.

Each premium after the first is payable while the Insured is still living and must be received by us on or before its due date. The due dates of premiums after the first are measured from the Policy Date.

Subject to the **Grace Period** provision, if any premium remains unpaid after the grace period, this Policy will lapse.

### **Premium Payment Frequency**

We will send premium notices to Your last known address according to the premium payment frequency (except for monthly bank draft) chosen by You and shown on the Policy Specifications page. The frequency of the payments may be changed by You to any mode shown on the Policy Specifications page by sending Us a Written Request.

### **Grace Period**

If We fail to receive a premium (other than the first) on or before its due date, You will be granted a grace period of thirty-one (31) days for the payment of such premium. This grace period will begin on the due date of such unpaid premium. This Policy will remain in force during the grace period. If any premium due is not paid by the end of the grace period, this Policy will terminate immediately on the day after the grace period ends, except as may be provided under the **Nonforfeiture Options** provision of this Policy.

If the Insured dies during the grace period, We will pay the death benefit, but We will deduct from it the premium needed to cover the period from the beginning of the grace period to the end of the Policy Month in which the Insured died.

### **Reinstatement**

If this Policy terminates for nonpayment of premiums, within five (5) years from the end of the grace period You may reinstate it. You may reinstate this Policy provided:

- 1) You have not surrendered this Policy for its Cash Surrender Value; and
- 2) You submit an application for reinstatement prior to the Maturity Date; and
- 3) You provide satisfactory evidence of the Insured's continued insurability; and
- 4) You pay all prior unpaid earned premiums with interest at a rate of eight percent (8%) per year compounded annually from their due date to the date of reinstatement; and
- 5) You pay or reinstate any Indebtedness, plus eight percent (8%) interest per year compounded annually.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

After this Policy has been reinstated, a new **Suicide** provision and a new two (2) year contestable period will apply with respect to statements made in the application for reinstatement.

### **Reserve Basis**

The reserves for this Policy are equal to or greater than those required by law. A detailed statement of the method of computing reserves has been filed with the insurance supervisory official of the state in which this Policy is delivered.

## OWNER AND BENEFICIARY

### Owner

The Owner of this Policy is the Insured named on the Policy Specifications page, unless stated otherwise in the application, or later changed. As Owner, you can exercise rights and privileges under this Policy while the Insured is alive without the consent of any other person, unless You have provided otherwise by Written Request. You can change the Owner of this Policy if You send Us a Written Request to do so. If a new Owner is named, any earlier designations will be void, unless specified otherwise.

### Beneficiary

The Beneficiary is the person or persons named by You to receive the Proceeds when the Insured dies. If no Beneficiary is alive when the Insured dies, You will be the Beneficiary if living; otherwise, Your estate will be the Beneficiary.

### Change

You may change the Owner or Beneficiary during the lifetime of the Insured by sending Us a Written Request. However, any irrevocable Beneficiary must consent to the change. The change will not be in effect until it is recorded at Our Life Administration Office. Once it is recorded, it will take effect as of the date You signed it. Any such change is subject to the rights of any current assignee. The change will not apply to any payment made by Us before We recorded Your request. We are not responsible for the validity or adequacy of any change of Beneficiary or Owner You may make.

### Assignment

You may assign this Policy. We will not be bound by any assignment unless it is in writing, signed by You, and is recorded at Our Life Administration Office. We are not responsible for the validity or the adequacy of any assignment. Any amount to be paid to an assignee will be paid in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

## SURRENDER

### Nonforfeiture Options

If this Policy has a Cash Surrender Value, one of the following options may be chosen by Written Request. Such request must be made within thirty-one (31) days after the due date of an unpaid premium and before the Insured's death. The available options are:

- 1) Paid-Up Insurance – This Policy is continued from the due date of the unpaid premium at the reduced amount of paid-up life insurance. The amount of coverage will be that which the Cash Surrender Value will provide when applied as a net single premium at the Insured's sex and attained age on the due date of the unpaid premium.
- 2) Surrender – This Policy ends and is surrendered in accordance with the **Surrender** provision below.

**Surrender**

While this Policy is in force, You may surrender it for its Cash Surrender Value by sending Us a Written Request and returning the Policy. The date of the surrender will be the date We receive such request and Policy at Our Life Administration Office, or later if indicated. All coverage under this Policy will end on such date. The Cash Surrender Value will be determined from the date of surrender. However, if the Policy is surrendered within thirty (30) days after the due date of an unpaid premium, the Cash Surrender Value will not be less than the value on that premium due date.

We will first apply part or all of the Cash Value to repay any outstanding Indebtedness. You will receive the Cash Surrender Value.

**Automatic Option**

If no option is chosen within thirty-one (31) days of the due date of the unpaid premium, We will automatically continue this Policy in force with the Paid-Up Insurance option.

**Surrender of Paid-Up Insurance**

Paid-up insurance may be surrendered for its Cash Surrender Value. The Cash Value of paid-up insurance will be the net single premium at the attained age of the Insured on the date the Policy is surrendered. If the paid-up insurance is surrendered within thirty (30) days after a Policy Anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary. The date of surrender will be the date We receive the Written Request for surrender at our Life Administration Office. We may request that the Policy be sent with Your Written Request.

**Deferment**

Unless otherwise prohibited by law We may delay payment of any values for up to six (6) months from the date of surrender. If We delay for thirty (30) days or more, interest will be paid on such value at an effective annual rate of one percent (1%) or any higher rate We declare.

**Riders**

Any riders attached to the Policy are disregarded in computing values. Insurance provided under the Paid-Up Insurance options will not include riders.

**Basis of Values**

All values and reserves referred to in this Policy are computed using the mortality table and interest basis shown on the Policy Specifications page.

All Policy values equal or exceed those required by the state in which this Policy is delivered. A detailed statement of the method of computing these values has been filed with the insurance department of the state in which this Policy is delivered.

## LOANS

### Policy Loans

A policy loan may be obtained by sending Us a Written Request. The most You can borrow at any time is the Loan Value. The only security needed for the policy loan is the assignment of the Policy to Us.

### Policy Loan Interest

The policy loan interest rate is shown on the Policy Specifications page. This rate is not guaranteed and may change at any time. However, it will never be more than the guaranteed maximum policy loan interest rate also shown on the Policy Specifications page. Interest will accrue daily and is due at the end of each Policy Year. Interest not paid when due will be added to the amount of Your loan. It will be added as of the due date and will bear interest at the same rate.

### Repayment

A policy loan may be repaid at any time in full or in part at Our Life Administration Office while this Policy is in force prior to the death of the Insured or within sixty (60) days after the Insured's death if:

- 1) the Proceeds of the Policy have not been paid; or
- 2) the Policy is in force with no premiums in default or is in force as paid-up insurance.

### Termination

At any time the Indebtedness exceeds the amount of the Loan Value; this Policy will terminate.

### Deferment

Unless otherwise prohibited by law We may delay paying any values for up to six (6) months from the date We receive Your Written Request at Our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on such value at an effective annual rate of one percent (1%) or any higher rate We declare. We cannot defer payment of any values if the amount is to be used to pay a premium to Us.

## PAYMENT OF BENEFITS

### Payment

Any Proceeds payable at the death of the Insured will be paid in one (1) lump sum unless otherwise agreed. All or part of the amount to be paid may be applied to any of the following settlement options.

During the Insured's life, You may elect any settlement option by sending us a Written Request. At the time the Proceeds are payable, a Beneficiary may elect a settlement option if no option is then in effect.

The settlement option chosen by You and recorded at Our Life Administration Office while the Insured is alive will take effect on the date the Insured dies. All other settlement options will take effect when the Written Request is recorded at Our Life Administration Office or later, if requested.

### Settlement Options

- 1) **Interest Payments** — Any amount applied under this option will earn interest that can either be paid monthly or left to accumulate. Interest will be credited at an effective rate of [one percent (1%)] per year or any higher rate We declare. The first interest payment will be made one (1) month after this option takes effect. The accumulated interest and all or part of that amount may be withdrawn at any time. The minimum withdrawal allowed will be \$500.

- 2) **Fixed Period Payments** — We will make periodic payments for a fixed period. The first payment will be paid as of the last day of the initial payment interval. The maximum time over which payments will be made by Us or money will be held is thirty (30) years. Payments will be based on the rates shown in the Minimum Income Table for Option 2.
- 3) **Fixed Amount Payments** — Monthly payments of not less than \$5.00 per \$1,000 of the amount applied under this option will be made until the full amount plus interest has been paid. The first payment will be made on the date this option takes effect. The unpaid balance may be withdrawn at any time.
- 4) **Life Income Payments** — Monthly payments will be made according to the option chosen below and the rates shown in the Minimum Income Table for Option 4. The first payment will be made on the date this option takes effect.

Payments will be based on the payee's age on the date the first payment is due. Payment will be subject to satisfactory proof of the payee's age.

- (a) Life Income – payments will be made only during the lifetime of the payee.
- (b) Life Income with Certain period – Payments will be made for a guaranteed period of either ten (10) or twenty (20) years. Such payments will be made even if the payee dies. After the certain period, payments will only be made while the payee is alive.

We reserve the right to require proof the payee is alive at any time any payment is made. Any amount applied to any of the life income options, may be withdrawn.

This option will not be available, except with Our consent, if the payee is one (1) of the following:

- (a) corporation;
- (b) partnership;
- (c) association; or
- (d) guardian, trustee or representative of an estate.

Payments will be based on interest rates declared by Us. Payments will not be less than the minimums described in the Minimum Income Tables.

- 5) **Other Payment Options** — Any amount payable under this Policy may be paid in any other manner agreed to by Us.

Amounts applied to the Interest Payments, Fixed Period Payments and Fixed Amount Payments options will earn interest at rates declared annually by Us. The minimum effective rate will be [one percent (1%)] per year. Interest in excess of [one percent (1%)] will increase the amount of payments or, for the Fixed Amount Payments Option, the period of payments will be lengthened. The present value of any unpaid payment will be based on the [one percent (1%)]. We may offer higher guaranteed rates with certain conditions on amounts and withdrawals.

Minimum income rates are based on the Annuity 2000 Mortality Table for blended lives (60% female/40% male). Interest is assumed at the rate of [one percent (1%)] per year.

**Payment Frequency**

Payments may be made in annual, semi-annual, quarterly or monthly durations.

**Minimum Amounts**

Proceeds of less than \$1,000 may not be applied under any settlement option. If payments are less than \$50.00, We have the right to change the payment frequency or pay the withdrawal value.

**Payment Certificate**

At the time an amount becomes payable under a settlement option, a payment certificate will be issued to the payee in exchange for this Policy. The effective date of the certificate will be the effective date of the option.

**Death of Payee**

If any payments remain to be made when the payee dies, they will be made according to the terms of the payment certificate.

**Withdrawals and Changes**

A Beneficiary receiving payment under an option with the right to withdraw may transfer the withdrawal value to any other option available.

- 1) **Limitations** — The right to change the method of payment will be available if it is provided in the payment certificate.
- 2) **Deferment** — Unless otherwise prohibited by law We may delay payment of a withdrawal for up to six (6) months from the date the Written Request is recorded at Our Life Administration Office. If We delay for thirty (30) days or more, interest will be paid on the withdrawal at an effective annual rate of one percent (1%). We may declare a higher rate from the date the withdrawal request is recorded to the payment date. We also may require the return of payment certificate for endorsement.

**Minimum Income Table**

The following tables list the minimum income per \$1,000 of the amount applied under Options 2 and 4.

MINIMUM INCOME TABLES  
MINIMUM INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

**OPTION 2 — FIXED PERIOD PAYMENTS**

Period (Years)	Annual Payment	Semi-Annual Payment	Quarterly Payment	Monthly Payment
1	[\$1,010.00	\$503.74	\$251.55	\$83.78
2	507.51	253.12	126.40	42.10
3	340.02	169.58	84.68	28.20
4	256.28	127.82	63.83	21.25
5	206.03	102.76	51.31	17.09
6	172.54	86.05	42.97	14.31
7	148.62	74.12	37.01	12.32
8	130.69	65.18	32.55	10.84
9	116.74	58.22	29.07	9.68
10	105.58	52.65	26.29	8.75
11	96.45	48.10	24.02	8.00
12	88.84	44.31	22.12	7.37
13	82.41	41.10	20.52	6.83
14	76.90	38.35	19.15	6.37
15	72.12	35.97	17.96	5.98
16	67.94	33.88	16.92	5.63
17	64.25	32.04	16.00	5.33
18	60.98	30.41	15.18	5.05
19	58.05	28.95	14.45	4.81
20	55.41	27.63	13.80	4.59]

**OPTION 4 — LIFE INCOME PAYMENTS**

Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain	Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain
0-10	[\$1.60	\$1.60	\$1.60	45	\$2.56	\$2.56	\$2.53
11	1.62	1.62	1.62	46	2.61	2.61	2.58
12	1.63	1.63	1.63	47	2.67	2.66	2.62
13	1.65	1.65	1.65	48	2.72	2.71	2.67
14	1.67	1.67	1.66	49	2.78	2.77	2.73
15	1.68	1.68	1.68	50	2.84	2.83	2.78
16	1.70	1.70	1.70	51	2.91	2.89	2.84
17	1.72	1.72	1.71	52	2.98	2.96	2.89
18	1.73	1.73	1.73	53	3.05	3.03	2.95
19	1.75	1.75	1.75	54	3.12	3.10	3.02
20	1.77	1.77	1.77	55	3.20	3.18	3.08
21	1.79	1.79	1.79	56	3.28	3.26	3.15
22	1.81	1.81	1.81	57	3.37	3.34	3.21
23	1.83	1.83	1.83	58	3.46	3.43	3.28
24	1.86	1.85	1.85	59	3.56	3.52	3.35
25	1.88	1.88	1.87	60	3.67	3.62	3.43
26	1.90	1.90	1.90	61	3.78	3.72	3.50
27	1.93	1.92	1.92	62	3.90	3.83	3.58
28	1.95	1.95	1.95	63	4.02	3.95	3.65
29	1.98	1.97	1.97	64	4.16	4.07	3.73
30	2.00	2.00	2.00	65	4.30	4.20	3.80
31	2.03	2.03	2.02	66	4.45	4.33	3.87
32	2.06	2.06	2.05	67	4.61	4.47	3.95
33	2.09	2.09	2.08	68	4.79	4.62	4.01
34	2.12	2.12	2.11	69	4.97	4.77	4.08
35	2.15	2.15	2.14	70	5.17	4.93	4.15
36	2.19	2.18	2.18	71	5.39	5.10	4.21
37	2.22	2.22	2.21	72	5.62	5.28	4.26
38	2.26	2.26	2.24	73	5.86	5.46	4.31
39	2.30	2.29	2.28	74	6.13	5.64	4.36
40	2.34	2.33	2.32	75	6.42	5.83	4.40
41	2.38	2.37	2.36	76	6.72	6.03	4.43
42	2.42	2.42	2.40	77	7.06	6.23	4.46
43	2.47	2.46	2.44	78	7.41	6.43	4.49
44	2.51	2.51	2.48	79	7.80	6.62	4.51]

Age Nearest Birthday of Payee When 1 <sup>st</sup> Payment is Payable	Life Only	10 Year Certain	20 Year Certain
80	[\$8.21	\$6.82	\$4.53
81	8.66	7.01	4.55
82	9.15	7.20	4.56
83	9.67	7.37	4.57
84	10.23	7.54	4.58
85	10.83	7.69	4.58
86	11.48	7.84	4.59
87	12.17	7.97	4.59
88	12.91	8.09	4.59
89	13.69	8.19	4.59
90	14.51	8.29	4.59
91	15.38	8.37	4.59
92	16.30	8.45	4.59
93	17.26	8.51	4.59
94	18.27	8.57	4.59
95	19.34	8.61	4.59]



## **NOTICE**

This Policy is valuable property. If anyone suggests replacing it, please contact Us first to be certain of Your rights.

When You write to Us, please give Us Your name, address and Policy number. Please notify Us promptly of any changes. We will write to you at Your last known address, shown on our records.

## **GREAT AMERICAN LIFE INSURANCE COMPANY<sup>®</sup>**

### **Whole Life Insurance Policy**

**Proceeds payable if the Insured dies while this Policy is in force.**

**Premiums payable during the Insured's life.**

**Non-Participating – No Dividend**



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

September 11, 2008

NAIC No. 0084-63312  
FEIN No. 13-1935920

Insurance Commissioner Julie Benafield Bowman  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Request For Approval - Great American Life Insurance Company  
P2401308NW Whole Life Insurance Policy

Dear Insurance Commissioner Benafield Bowman:

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. This form was filed in Ohio, our state of domicile, on September 11, 2008.

Form P2401308GA is an individual whole life insurance policy. This form will only be issued to current policyholders who exercise their contractual right to convert from a term product to a permanent plan of insurance. It will not be illustrated. Because this policy is for conversion purposes only, an application is not required. An actuarial memorandum and all required certifications are enclosed.

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 [sessman@gafri.com](mailto:sessman@gafri.com).

Sincerely,

Stephen E. Essman, ACS, AIAA, AIRC  
Compliance Specialist

**STEPHEN E. ESSMAN, ACS, AIAA, AIRC , COMPLIANCE SPECIALIST**  
**(800) 854-3649 (TOLL FREE - EXT. 12731)**  
**(513) 412-2731 (DIRECT DIAL) \* (513) 412-1470 FAX**