

SERFF Tracking Number: GRAX-125911258 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 40910  
Company Tracking Number: P2201608AR  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Life Individual Term  
Project Name/Number: Life Individual Term/P2201608AR

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life Individual Term

SERFF Tr Num: GRAX-125911258 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40910

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: P2201608AR

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI

Disposition Date: 11/24/2008

GreatAmericanFinancialRes

Date Submitted: 11/19/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Life Individual Term

Status of Filing in Domicile: Pending

Project Number: P2201608AR

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: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

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Form P2201608AR is an individual indeterminate premium annual renewable term life insurance policy. This form will only be issued to current policyholders who exercise their contractual right to exchange their annual renewable term policy for another annual renewable term policy at the end of their guaranteed period. No agent will be involved in this process. This policy will not be illustrated.

Application form number A2201708NW will be used to apply for this policy. It has been approved under separate cover on 10/20/2008, under file tracking # 40571. It is being included in this filing for informational purposes only.

## 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  
 -----

## 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	11/19/2008	24033676

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/24/2008	11/24/2008

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## Disposition

Disposition Date: 11/24/2008

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	%	\$		\$	%	%	%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL		Yes
Supporting Document	Certification		Yes
Form	Annual Renewable Term Life Insurance		Yes
Rate	Annual Renwal Term Rates		Yes

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## Form Schedule

Lead Form Number: P2201608AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P2201608AR	Policy/Contract/Fraternal Certificate	Annual Renewable Term Life Insurance	Initial		53	P2201608AR.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

## **ANNUAL RENEWABLE TERM LIFE INSURANCE**

**Proceeds payable if the Insured dies while this policy is in force.  
Premiums payable while the Insured is alive until the Expiration Date.  
Convertible  
Non-participating**

**GREAT AMERICAN LIFE INSURANCE COMPANY® AGREES:** to 1) pay the Proceeds to the Beneficiary on receipt at its Life Administration Office of due proof that the Insured died while this Policy ("Policy") was in force; and 2) provide the other rights and benefits according to the terms and conditions of this Policy.

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

You may cancel this 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 pre-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.

### **PLEASE READ YOUR 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**

FORM NUMBER P2201608AR	<u>BENEFIT</u> Annual Renewal Term Life Insurance	FACE AMOUNT [\$100,000]	COVERAGE ENDS [January 1, 2069]
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**ANNUAL PREMIUM SCHEDULE\***

<u>POLICY YEAR</u> 1	<u>ANNUAL PREMIUM</u> [\$ 589.00]
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\* PREMIUMS ARE GUARANTEED TO REMAIN AT THE ABOVE AMOUNT FOR THE FIRST POLICY YEAR. AFTER THE FIRST POLICY YEAR, THE PREMIUMS, WILL INCREASE BUT WILL NEVER BE MORE THAN THE PREMIUMS SHOWN ON THE GUARANTEED MAXIMUM PREMIUM SCHEDULE.

PREMIUMS LISTED ABOVE INCLUDE AN [\$80] POLICY FEE.

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)

<b>INSURED</b>	[JOHN DOE]	<b>FACE AMOUNT</b>	[\$100,000]
<b>SEX AND AGE</b>	[MALE 35]	<b>POLICY DATE</b>	[January 1, 2009]
<b>RATE CLASS</b>	[STANDARD]	<b>EXPIRATION DATE</b>	[January 1, 2069]
<b>POLICY NUMBER</b>	[123456789]		

**POLICY SPECIFICATIONS (Continued)**  
**GUARANTEED MAXIMUM PREMIUM SCHEDULE**

THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN BELOW WILL BE EFFECTIVE AFTER THE FIRST POLICY YEAR.

<u>ATTAINED AGE</u>	<u>ANNUAL PREMIUM</u>	<u>ATTAINED AGE</u>	<u>ANNUAL PREMIUM</u>
36	[\$ 708.00	70	[\$ 11,639.00
37	746.00	71	12,981.00
38	788.00	72	14,190.00
39	834.00	73	15,797.00
40	885.00	74	17,600.00
41	953.00	75	19,537.00
42	1,018.00	76	21,600.00
43	1,097.00	77	23,765.00
44	1,173.00	78	26,010.00
45	1,267.00	79	28,390.00
46	1,363.00	80	31,000.00
47	1,472.00	81	33,905.00
48	1,583.00	82	37,184.00
49	1,709.00	83	40,881.00
50	1,843.00	84	44,917.00
51	1,984.00	85	49,201.00
52	2,148.00	86	54,188.00
53	2,330.00	87	58,807.00
54	2,540.00	88	63,467.00
55	2,766.00	89	68,226.00
56	3,042.00	90	73,143.00
57	3,334.00	91	78,309.00
58	3,650.00	92	83,891.00
59	4,005.00	93	89,244.00
60	4,402.00	94	97,111.00]
61	4,841.00		
62	5,341.00		
63	5,910.00		
64	6,554.00		
65	7,262.00		
66	7,970.00		
67	8,735.00		
68	9,609.00		
69	10,563.00]		

Premiums listed above include an [\$ 80] policy fee.

## DEFINITIONS

When We use the following words, this is what We mean:

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

**Attained Age:** The Insured's age nearest birthday as of a Policy Anniversary.

**Expiration Date:** The date this Policy is scheduled to end. This date is shown on the Policy Specifications page.

**Face Amount:** The amount of insurance as shown on the Policy Specifications page or otherwise endorsed in this Policy.

**Insured:** The person whose life is insured under this Policy, as shown on the Policy Specifications page.

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

**Policy Date:** The date this Policy takes effect, as shown on the Policy Specifications page. This is also the date from which Policy Anniversary, Policy Years and Policy Months are determined.

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

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

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

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

**Written Request:** A request in writing signed by You. All correspondence with us should be sent to our Life Administration Office: P.O. Box 5416, Cincinnati, Ohio 45201-5416. We may require that your Policy be sent in with your request.

## GENERAL PROVISIONS

### **Contract**

The entire contract consists of this Policy, the attached application(s), amendments or endorsements attached to this Policy. All statements in the application 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).

### **Modifications**

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

### **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.

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.

### **Suicide**

If the Insured commits suicide while sane or insane within two (2) years from the Policy Date, the Proceeds will not be paid. Instead, the beneficiary will receive an amount equal to the premiums paid. If the law of the state where this Policy is issued provides a shorter period, that law will govern.

### **Protection of Payments**

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

### **Age or Sex**

If the Insured's age or sex is misstated in the application, the Face Amount will be adjusted. The adjusted amount will be the Face Amount the premium would have provided based on the Insured's correct age and sex.

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

### **End of Policy**

This Policy will end on:

- 1) the date We receive Your Written Request to cancel;
- 2) the date the Insured dies;
- 3) the Expiration Date of the Policy;
- 4) the date the grace period ends if sufficient premium has not been paid;
- 5) the conversion date; or
- 6) the exchange date,

whichever is earlier.

## DEATH BENEFIT PROCEEDS

### Proceeds

If the Insured dies while this Policy is in force and before the Expiration Date, We will pay the Proceeds to the Beneficiary. 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 month in which the Insured dies; less
- 3) any unpaid premium if death occurs during the grace period.

We will pay the Proceeds to the Beneficiary after We receive due proof of death and proper written claim information.

## PREMIUMS AND REINSTATEMENT

### Premium Payments

The first premium payment must be paid no later than when this Policy is delivered. It can be paid to Us at Our Life Administration Office or to Our producer. There is no insurance unless the first premium is paid and all statements and answers in all parts of the application(s) remain correct. All premiums after the first must be received by Us on or before the date it is due at Our Life Administration Office. Each premium after the first is due on the first day of the Policy Month following the end of the period for which the preceding premium was paid.

You may choose the frequency of the payments. Premiums may be paid annually, semi-annually, quarterly or monthly (bank draft only). We will send You premium notices to Your last known address according to the frequency (except for monthly bank draft) chosen by You and shown on the Policy Specifications page. The frequency of the payments can be changed to any mode shown on the Policy Specifications page at any time by sending Us a Written Request.

### Premium Rates

The premium on the Policy Date is the premium shown on the Policy Specifications page. Subsequent premiums for term life insurance will change, but will never exceed the premiums in the Guaranteed Maximum Premium Schedule on the Policy Specifications page for Your Attained Age. We will provide You with written notice, such as a premium notice, of each premium change. Any policy fee shown is included in the annual premiums shown in the Annual Premium Schedule and the Guaranteed Maximum Premium Schedule.

Premiums are based on Our expectations regarding such factors as mortality, investment earnings and expenses. Any change in the premium will be based on the prospective reevaluation of these factors. We will apply any change in the premium on a uniform basis to all insureds of the same age, sex and rate class whose policies are for the same amount of insurance and have been in force for the same length of time. We will not change the premium or rate class because of changes in the Insured's health, occupation or other risk factors after this Policy takes effect.

### Grace Period

Any premium other than the first not paid when due, prior to the Expiration Date shown on the Policy Specifications page, must be paid within a grace period of thirty-one (31) days after its due date. The Policy will continue in force during the grace period. If the premium is not received by Us by the end of the grace period, this Policy will terminate on the date after the grace period ends.

If the Insured dies during the grace period, We will pay the Proceeds, but will deduct 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**

This Policy may be reinstated, if the grace period has ended without the payment of the premium due and this Policy has terminated. The reinstatement requirements are:

- 1) submit a Written Request within five (5) years after the end of the grace period and before the Expiration Date;
- 2) provide evidence of insurability acceptable to Us that the Insured's health, occupation and other risk factors have not materially changed since the Policy Date; and
- 3) pay all overdue premiums plus eight percent (8%) interest per year, compounded annually from their due dates to the date of reinstatement.

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.

## **OWNERSHIP AND BENEFICIARY**

**Owner**

The Owner of this Policy is the Insured person shown on the Policy Specifications page, unless stated otherwise in the application or later changed. As Owner, You can exercise all rights under Your Policy while the Insured is alive. If a new Owner is named, any earlier designations will be void.

**Beneficiary**

The Beneficiary is the person or persons named by You to receive the Proceeds when the Insured dies. If two (2) or more Beneficiaries are alive when the Insured dies, We will pay them in equal shares unless You have chosen otherwise. If no Beneficiary is alive when the Insured dies, You will be the beneficiary, if living, otherwise the Proceeds will be paid to Your estate.

**Change**

You may change the Owner or Beneficiary by sending Us a Written Request at any time while the Insured is alive. The requested change will not take effect until it is recorded at Our Life Administration Office. Once recorded, it will take effect as of the date You signed it. The change will not apply to any payment made by Us before Your request is recorded. If You have named an irrevocable Beneficiary, You will need that Beneficiary's consent in order to make a change of Beneficiary.

**Assignment**

This Policy may be assigned. 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 of any assignment. Any amount to be paid to an assignee will be paid in a single sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

## EXCHANGE

You may exchange this Policy for a new policy on any life insurance plan designated by Us at any time after the initial premium guarantee period, subject to:

- 1) proof of insurability acceptable to Us; and
- 2) the Insured satisfies the maximum issue age requirement for the new policy at the time of exchange.

### **The New Policy**

If a new policy is issued, the Policy Date of the new policy will be the date of the exchange, which is the date We receive Your application for exchange, accompanied by Your first premium. The new policy date will be used to determine the issue age of the Insured. We will determine the rate class and approve the amount of insurance based on the evidence of insurability provided. The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria. No riders will be available under the new policy.

## CONVERSION

You may convert the amount of term insurance provided by this Policy to a new policy on a different plan of insurance. The conversion date may be the first day of any Policy Month when:

- 1) this Policy is in effect;
- 2) all premiums due before that date have been paid; and
- 3) the Insured satisfies the maximum age requirement.

To convert this Policy You must submit a Written Request and pay the first premium due on the new policy. We will not require evidence of insurability to convert the term life insurance provided by this Policy.

### **The New Policy**

The amount of insurance provided by the new policy will be the same as the amount of term life insurance provided by this Policy. The Policy Date will be the same as the conversion date. The new policy date will be used to determine the issue age of the Insured. The rate class will be the same as this Policy. The plan of insurance may be any life insurance plan, designated by the Company, provided:

- 1) the Insured satisfies the maximum issue age requirement for the new policy at the time of conversion;
- 2) the amount of insurance to be provided is available under the plan on that date; and
- 3) Our risk does not increase as a result of the conversion.

There will always be at least one (1) policy available for issue under this section. No riders will be available under the new policy.

The premiums for the new policy will be based on the premium rates in effect at the time the new policy is issued, and on other underwriting criteria.

The **Incontestability** and **Suicide** provisions will be effective from the Policy Date of this Policy.

## PAYMENT OF BENEFITS

### Payment

Any amount to be paid under this Policy will be paid in a lump sum, unless one (1) of the following payment options is chosen. All or part of the amount to be paid may be applied to any payment option.

### Payment Options

1. **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 by Us is thirty (30) years.
2. **Life Income Payments** – Monthly payments will be made according to the option chosen below. The first payment will be made on the date this option takes effect. Payments will be based on the payee's sex and 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 Period Certain – 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 period certain, payments will only be made while the payee is alive.
3. **Other Payment Options** – Any amount payable under this Policy may be paid in any manner agreed to by Us.

Amounts applied to the Life Income Options will be based on rates declared by Us. Payments will not be less than the minimums described in the Minimum Income Tables.

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 for all guaranteed settlement option factors, values and benefits under this Policy.

### Payment Frequency

Annual, semi-annual or quarterly payments may be made instead of monthly.

## **Payment Option Guidelines**

### **Choice of Payment Options**

If the Insured did not elect a payment option, the Beneficiary may choose a payment option after the death of the Insured.

### **Effective Date**

The most recent payment option chosen, if any, 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 payment options, if any, will take effect when the Written Request is recorded at Our Life Administration Office or later, if specified.

### **Transfer Between Options**

A Beneficiary receiving payment under an option with the right to withdraw may transfer the amount available to be withdrawn to any other option available.

### **Life Income Option Limitations**

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

- 1) corporation;
- 2) partnership;
- 3) association; or
- 4) guardian, trustee or representative of an estate.

### **Minimum Amounts**

Amounts of less than \$5,000 may not be applied under any payment option. If payments are less than \$20.00, We have the right to change the payment frequency or pay the full amount available to be withdrawn.

### **Payment Certificate**

At the time an amount becomes payable under a payment 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.

### **Withdrawal and Change Limitations**

The right to change the method of payment will be available, if it is provided in the payment certificate. Any change or withdrawal will be subject to **Payment Options** and **Payment Option Guidelines** provisions of this Policy.

### **Deferment**

We may delay paying 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 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 return of the payment certificate for endorsement.

### **Minimum Income Tables**

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

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

**Option 1 — 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 2 — LIFE INCOME PAYMENTS**

Age Nearest Birthday of Payee When 1st Payment Is Payable	Life Only	10 Year Certain	20 Year Certain	Age Nearest Birthday of Payee When 1st 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 1st 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>**

**ANNUAL RENEWABLE TERM LIFE INSURANCE**

**Proceeds payable if the Insured dies while this Policy is in force.  
Premiums payable while the Insured is alive until the Expiration Date.**

**Convertible  
Non-participating**

<i>SERFF Tracking Number:</i>	<i>GRAX-125911258</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40910</i>
<i>Company Tracking Number:</i>	<i>P2201608AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Life Individual Term</i>		
<i>Project Name/Number:</i>	<i>Life Individual Term/P2201608AR</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	Neutral
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

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

SERFF Tracking Number: GRAX-125911258 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 40910  
 Company Tracking Number: P2201608AR  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: Life Individual Term  
 Project Name/Number: Life Individual Term/P2201608AR

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Annual Renwal Term Rates	P2201608NW	New		P2201608NW - R.PDF

**Documentation Sheet**

**Owner:** SLL

**Location:** C:\Temp\[TkrA1.tmp.TkrA1.tmp.2008 ART rates 20081029 \_2\_.xls]Documentation

**Source:** V:\Life\2001CSO\2001CSO\_Term\pricing work\ART\CV Check 2001 CSO ART 1029.xls

**Purpose:** 2008 ART Rates

Great American Life Insurance Company  
 2008 Term Portfolio  
 Annual Renewable Term

Annual Rates Per Thousand of Death Benefit\*

Attained Age	Current Annual Renewal Rates		Guaranteed Maximum Annual Renewal Rates	
	Male	Female	Male	Female
0	4.59	2.80	5.40	3.29
1	2.65	2.04	3.12	2.40
2	1.84	1.51	2.17	1.78
3	1.28	1.16	1.50	1.37
4	0.99	0.99	1.17	1.16
5	0.99	0.99	1.17	1.16
6	1.04	1.03	1.22	1.21
7	1.04	1.03	1.22	1.21
8	1.04	1.03	1.22	1.21
9	1.09	1.08	1.28	1.27
10	1.09	1.08	1.28	1.27
11	1.28	1.27	1.50	1.49
12	1.56	1.56	1.84	1.83
13	1.84	1.75	2.17	2.06
14	2.22	1.92	2.61	2.26
15	2.88	2.04	3.39	2.40
16	3.50	2.28	4.12	2.68
17	4.11	2.39	4.84	2.81
18	4.45	2.51	5.23	2.95
19	4.63	2.69	5.45	3.16
20	4.73	2.74	5.56	3.22
21	4.73	2.80	5.56	3.29
22	4.82	2.92	5.67	3.43
23	4.87	2.92	5.73	3.43
24	4.74	2.84	5.58	3.34
25	4.60	2.75	5.41	3.23
26	4.49	2.69	5.28	3.16
27	4.41	2.64	5.19	3.11
28	4.36	2.61	5.13	3.07
29	4.37	2.70	5.14	3.18
30	4.39	2.81	5.16	3.30
31	4.47	2.89	5.26	3.40
32	4.56	2.99	5.37	3.52
33	4.71	3.09	5.54	3.64
34	4.90	3.27	5.76	3.85
35	5.09	3.40	5.99	4.00
36	5.34	3.63	6.28	4.27
37	5.66	3.92	6.66	4.61
38	6.02	4.23	7.08	4.98
39	6.41	4.60	7.54	5.41
40	6.84	4.99	8.05	5.87
41	7.42	5.48	8.73	6.45
42	7.97	5.95	9.38	7.00
43	8.64	6.42	10.17	7.55
44	9.29	6.90	10.93	8.12
45	10.09	7.40	11.87	8.71
46	10.91	7.91	12.83	9.31
47	11.83	8.47	13.92	9.97
48	12.78	9.07	15.03	10.67
49	13.85	9.71	16.29	11.42
50	14.99	10.42	17.63	12.26
51	16.18	11.18	19.04	13.15
52	17.58	12.02	20.68	14.14
53	19.13	13.03	22.50	15.33
54	20.91	14.05	24.60	16.53
55	22.83	15.13	26.86	17.80
56	25.18	16.23	29.62	19.09
57	27.66	17.30	32.54	20.35
58	30.35	18.32	35.70	21.55
59	33.26	19.39	39.25	22.81
60	36.74	20.61	43.22	24.25
61	40.47	22.10	47.61	26.00
62	44.72	23.95	52.61	28.18
63	49.56	26.36	58.30	31.01
64	55.03	29.13	64.74	34.27
65	61.05	32.20	71.82	37.88
66	67.07	35.37	78.90	41.61
67	73.57	38.61	86.55	45.42
68	81.00	41.74	95.29	49.11
69	89.11	45.17	104.83	53.14
70	98.25	48.99	115.59	57.63
71	109.66	53.69	129.01	63.17
72	119.94	59.53	141.10	70.04
73	133.59	66.66	157.17	78.42
74	148.92	74.99	175.20	88.22
75	165.38	84.37	194.57	99.26
76	182.92	94.59	215.20	111.28
77	201.32	105.48	236.85	124.09
78	220.41	116.99	259.30	137.64
79	240.64	129.48	283.10	152.33
80	262.82	143.50	309.20	168.82
81	287.51	159.44	338.25	187.58
82	315.38	177.81	371.04	209.19
83	346.81	198.85	408.01	233.94
84	381.11	222.65	448.37	261.94
85	417.53	247.90	491.21	291.65
86	459.92	275.47	541.08	324.08
87	499.18	303.93	587.27	357.56
88	538.79	334.65	633.87	393.71
89	579.24	366.21	681.46	430.84
90	621.04	400.62	730.63	471.32
91	664.95	437.57	782.29	514.79
92	712.39	478.11	838.11	562.48
93	757.89	524.21	891.64	616.72
94	824.76	580.66	970.31	683.13

\* Does not include \$80 policy fee.

SERFF Tracking Number: GRAX-125911258 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 40910  
Company Tracking Number: P2201608AR  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Life Individual Term  
Project Name/Number: Life Individual Term/P2201608AR

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 11/19/2008  
**Comments:**  
**Attachment:**  
AR - READABILITY CERTIFICATION.PDF

**Review Status:**  
**Satisfied -Name:** Application 11/19/2008  
**Comments:**  
Previously approved on 10/31/2008, under file number 40727.  
**Attachment:**  
A2201708NW.PDF

**Review Status:**  
**Satisfied -Name:** Cover Letter 11/19/2008  
**Comments:**  
**Attachment:**  
Cover Letter.PDF

**Review Status:**  
**Satisfied -Name:** AR - CONSENT TO SUBMIT 11/19/2008  
RATES AND/OR COST BASES  
FOR APPROVAL  
**Comments:**  
**Attachment:**  
AR - CONSENT TO SUBMIT RATES AND\_OR COST BASES FOR APPROVAL.PDF

**Review Status:**  
**Satisfied -Name:** Certification 11/19/2008  
**Comments:**  
**Attachment:**

*SERFF Tracking Number:* GRAX-125911258      *State:* Arkansas  
*Filing Company:* Great American Life Insurance Company      *State Tracking Number:* 40910  
*Company Tracking Number:* P2201608AR  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* Life Individual Term  
*Project Name/Number:* Life Individual Term/P2201608AR

Certification.PDF



**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Great American Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
P2201608AR	53

Signed:   
Name: \_\_\_\_\_  
Name: John P. Gruber  
Title: Senior Vice President  
Date: \_\_\_\_\_  
Date: 11/19/2008



## APPLICATION FOR TERM LIFE INSURANCE EXCHANGE

Administrative Address:  
P.O. Box 5416. Cincinnati, Ohio 45201-5416

**PART 1 (Please print)**

**1. PROPOSED INSURED**

\_\_\_\_\_ First Middle Initial Last  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_  Male  Female

Birth State/Place \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, do you hold a permanent VISA or Green Card?  Yes, card # \_\_\_\_\_  No

Do you currently read and understand English?  Yes  No How long have you lived in the United States? \_\_\_\_\_

Are you currently working?  Yes  No Employer Name \_\_\_\_\_ Occupation/Income \_\_\_\_\_

Send Premium Notice to:  Proposed Insured  Owner  Other (Give name/address below)

Name \_\_\_\_\_

Address \_\_\_\_\_

Complete only if Owner is not Proposed Insured

**2. OWNER** \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec./Tax ID. No. \_\_\_\_\_

**3. INSURANCE APPLIED FOR**

Plan Name \_\_\_\_\_ Amount \_\_\_\_\_

**4. PREMIUM MODE**

Annual  Semiannual  Quarterly  Monthly Bank Draft  Other (Specify)

**5. BENEFICIARY OF THE PROPOSED INSURED**

Primary \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Relationship \_\_\_\_\_  
Name & Address

Contingent \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Relationship \_\_\_\_\_  
Name & Address

**6. EXISTING INSURANCE**

Company	Amount	Plan	Year Issued	Amount ADB	Standard	Rated

**7. TOBACCO/NICOTINE HABITS**

Have you used any form of tobacco/nicotine (e.g. cigarettes, cigars, chewing tobacco, patch, nicotine gum) in the last 3 years?  Yes  No  
 Last 5 years?  Yes  No

8. HAVE YOU .....

Yes No

- a. Ever applied for insurance or reinstatement that was declined, postponed, rated, modified or had any such insurance cancelled or a renewal premium refused?.....
- b. Ever received or claimed benefits or a payment of any kind for any injury, sickness or impaired condition?.....
- c. Ever engaged in or plan to engage in any form of motorized racing, scuba diving, parachuting, hang gliding, ballooning or mountain climbing? (If "Yes", complete avocation and/or mountain climbing questionnaire(s).)?.....
- d. Ever made any flights as a pilot, student pilot, crew member or other (except as a fare paying passenger) of any aircraft in the past three (3) years or intend to do so in the future? (If "Yes", complete aviation questionnaire.).....
- e. Ever been convicted with a violation of any criminal law?.....
- f. Ever had in the past five (5) years any motor vehicle violations, including driving while intoxicated, or had your license suspended or revoked?
- g. Ever traveled or resided outside the U.S. or Canada in the last year or plan to do so in the next year?.....
- h. Ever filed for bankruptcy? If so, has it been discharged? Date of discharge \_\_\_\_\_
- i. Ever assigned or transferred ownership of an insurance policy?.....

If answering "Yes" to any of the above, questions a. through i., please give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. SPECIAL REQUESTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART II**

1. PROPOSED INSURED'S Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Weight loss in past year \_\_\_\_\_ lbs.

2. PHYSICIAN INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date and reason last consulted \_\_\_\_\_

Treatment given or medication prescribed \_\_\_\_\_

3. PROPOSED INSURED'S FAMILY HISTORY

	Age if Living	Age at Death	Cause of Death
Father			
Mother			
Brothers/Sisters			

4. HAS ANYONE PROPOSED FOR COVERAGE EVER BEEN TREATED FOR OR HAD:

Please give details below if you answer "Yes" to any of these questions:

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| a. Impairment of the eyes or ears?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dizziness, fainting, convulsions, headache, paralysis or stroke within the last ten (10) years?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortness of breath, blood spitting, bronchitis, asthma, emphysema or chronic respiratory disorder, sleep apnea or other lung disorder within the last ten (10) years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels?..   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Jaundice, hepatitis, intestinal bleeding, ulcer, colitis, recurrent indigestion or any other disease of the stomach, intestines, liver, gall bladder, or pancreas?.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sugar, protein, blood, or pus in urine, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Diabetes, thyroid or other endocrine disorders?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Disorder of the breasts, prostate, or pelvic organs?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Neuritis, arthritis or disorder of the muscles or bones, including the spine, back or joints?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Disorder of skin, lymph glands, cyst, tumor or cancer?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Anemia or other disorder of the blood?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Alcoholism, alcohol or drug abuse or addiction to habit-forming drugs?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Panic attacks, anxiety, depression, psychological or emotional or physical disorder not listed above?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

5. HAS ANYONE PROPOSED FOR COVERAGE:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Had a physical checkup, consultation or surgery within the last five (5) years?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Been a patient in a hospital, clinic or other medical facility within the last five (5) years?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Had an electrocardiogram, X-ray or other diagnostic test within the last five (5) years?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Been advised to have any diagnostic test, hospitalization, or surgery, which was not completed?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Been diagnosed or treated by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC) or tested positive for antibodies to Human Immunodeficiency Virus (HIV)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

6. Are you now pregnant? (If "Yes," expected due date \_\_\_\_\_ )  Yes  No

7. Are you now under medical observation, treatment or currently taking any medication other than as stated above?.....  Yes  No

Question No.	Details (Name of condition, date of onset, duration, current treatment and condition, etc.)	Complete Name, Addresses and Phone Numbers of Physicians and Hospitals

**FRAUD NOTICES** (Please review the notice that applies to your state.)

**Arkansas, Louisiana and 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 application for insurance is guilty of a crime and may be subject to civil and criminal penalties.

**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 the 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.

**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.

**Hawaii Residents:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky and Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

**Maine, Tennessee, Virginia and Washington 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.

**Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD NOTICES (Continued)

New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

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.

AUTHORIZATION

I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, employer, or pharmacy benefit manager, having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any other nonmedical information of me, to give to Great American Life Insurance Company or its legal representative or its reinsurers any and all such information. I also authorize any consumer reporting agency to prepare or procure an investigative consumer report on me. The types of information may include my: (1) mental and physical health; (2) other insurance coverage; (3) hazardous activities; (4) character; (5) general reputation; (6) mode of living; (7) finances; (8) vocation; (9) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC or Human Immunodeficiency Virus (HIV); (10) drug and alcohol treatment; (11) other personal information; (12) Motor Vehicle record; and (13) pharmaceutical information.

I understand the information obtained by use of the authorization will be used by Great American Life Insurance Company and its reinsurers to determine continued eligibility for insurance and eligibility for benefits under an existing policy. The insurance agent, producer, or broker may also use the information to help update my insurance program. Any information obtained will not be released by Great American Life Insurance Company to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau, or other persons or organizations, performing business or legal services in connection with my application, claim, or as may be otherwise lawfully allowed or required or as I may further authorize.

Information regarding your insurability will be treated as confidential. Great American Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

Great American Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

I know I may request to receive a copy of this authorization. I agree a photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two and one-half (2 1/2) years from the date shown below. Virginia Residents Only: I know I or my authorized representative may request to receive a copy of this authorization.

AGREEMENT

I, the Proposed Insured, represent the statements in Part I and Part II (if Part II is required by the Company) of this application are true and complete to the best of my knowledge and belief. It is agreed: (a) the only statements that are to be considered as the basis of the policy are those contained in the application or in any amendment to the application; (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT bearing the same date as this application; (c) the policy being applied for with this application will not take effect until the first premium is paid during the lifetime of the Proposed Insured and while his/her health and the facts and other conditions affecting his/her insurability are as described in Part I and Part II (if Part II Medical is required by the Company) of this application, and until the policy is delivered to the proposed owner; and (d) no one except the President, a Vice President or the Secretary can make, alter or discharge contracts or waive any of the Company's rights or requirements.

I have no intent to transfer ownership of the policy applied for as part of a senior, viatical or similar settlement.

I acknowledge receipt of NOTICE OF INSURANCE INFORMATION PRACTICES attached hereto and hereby authorize preparation of an investigative consumer report.

Date \_\_\_\_\_ City/State \_\_\_\_\_

Signature \_\_\_\_\_  
Proposed Insured

Witness \_\_\_\_\_  
Name

Signature \_\_\_\_\_  
Applicant/Owner, if other than Proposed Insured



LIFE INSURANCE COMPANY

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

November 19, 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  
P2201608AR Annual Renewable Term Life Insurance

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.

Form P2201608AR is an individual indeterminate premium annual renewable term life insurance policy. This form will only be issued to current policyholders who exercise their contractual right to exchange their annual renewable term policy for another annual renewable term policy at the end of their guaranteed period. No agent will be involved in this process. This policy will not be illustrated.

Application form number A2201708NW will be used to apply for this policy. It has been approved under separate cover on 10/20/2008, under file tracking # 40571. It is being included in this filing for informational purposes only.

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**

**STATE OF ARKANSAS**

**Certification**

Name of Company: Great American Life Insurance Company

The above named company certifies that Annual Renewable Term Life Insurance  
Form No. P2201608AR 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



P.O. Box 5416, Cincinnati, Ohio 45201-5416

**Certification**  
**Arkansas Rule and Regulation 19 s 10**

I, John P. Gruber, an officer of Great American Life Insurance Company, hereby certify that the following submission meets the provisions of this rule as well as all applicable requirements of this Department.

A handwritten signature in black ink, appearing to read "John P. Gruber", with a long horizontal line extending to the right.

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

November 19, 2008