

SERFF Tracking Number: UTAC-126265079 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 43223  
 Company Tracking Number: 1SLIP0001.V2-AR  
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Life- Statement of Policy Cost & Benefit Information  
 Project Name/Number: Life- Statement of Policy Cost & Benefit Information/1SLIP0001.V2-AR

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life- Statement of Policy Cost & SERFF Tr Num: UTAC-126265079 State: Arkansas

Benefit Information

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved- State Tr Num: 43223  
 Closed

Sub-TOI: L07G.101 Fixed/Indeterminate  
 Premium - Single Life

Co Tr Num: 1SLIP0001.V2-AR State Status: Approved-Closed

Filing Type: Form

Author: Mary Barrett

Reviewer(s): Linda Bird

Date Submitted: 08/13/2009

Disposition Date: 08/18/2009

Disposition Status: Approved-  
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Life- Statement of Policy Cost & Benefit Information

Status of Filing in Domicile: Not Filed

Project Number: 1SLIP0001.V2-AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/18/2009

Explanation for Other Group Market Type:

State Status Changed: 08/18/2009

Deemer Date:

Created By: Mary Barrett

Submitted By: Mary Barrett

Corresponding Filing Tracking Number:

Filing Description:

Re: Great American Life Insurance Company

NAIC # 63312 FEIN # 13-1935920

FORMS SUBMITTED

DESCRIPTION

1SLIP0001.V2-AR

Statement of Policy Cost And Benefit Information

1GDBIP0001.V2-AR

Statement of Policy Cost And Benefit Information

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TO BE USED WITH PREVIOUSLY APPROVED POLICIES:  
FORM NUMBERS

1SLIP0001-AR Final Expense Whole Life Policy  
1GDBIP0001-AR Graded Death Benefit Whole Life Policy

Dear Sir or Madam,

In compliance with the newly amended Rule 17, (Life Insurance Disclosure) we are submitting the above reference forms.

The Statement of Policy Cost And Benefit Information (Page 4), 1SLIP0001.V2-AR, was developed to be used with our approved Final Expense Whole Life Policy, 1SLIP0001-AR. The Statement of Policy Cost And Benefit Information (Page 4), 1GDBIP0001.V2-AR, was developed to be used with our approved Graded Death Benefit Whole Life Policy 1GDBIP0001-AR.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 1553 or fax me at (513) 564-3435. My email address is mbarrett@gafri.com.

Sincerely,

Mary Barrett, FLMI, AIRC, ALHC, HIA  
Compliance Analyst

## Company and Contact

### Filing Contact Information

Mary Barrett, Senior Compliance Analyst mbarrett@gafri.com  
5508 Parkcrest Drive 800-880-8824 [Phone] 3303 [Ext]  
P.O. Box 26580 512-451-0357 [FAX]  
Austin, TX 78755-0580

### Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio  
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance Company

SERFF Tracking Number: UTAC-126265079 State: Arkansas  
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Product Name: Life- Statement of Policy Cost & Benefit Information  
Project Name/Number: Life- Statement of Policy Cost & Benefit Information/ISLIP0001.V2-AR  
P.O. Box 559002 Group Name: State ID Number:  
Austin, TX 78755-9002 FEIN Number: 13-1935920  
(800) 880-8824 ext. [Phone]

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$40.00  
Retaliatory? No  
Fee Explanation: 2 forms x @20.00 per form = \$40.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$40.00	08/13/2009	29823185

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/18/2009	08/18/2009

*SERFF Tracking Number:* UTAC-126265079      *State:* Arkansas  
*Filing Company:* Great American Life Insurance Company      *State Tracking Number:* 43223  
*Company Tracking Number:* ISLIP0001.V2-AR  
*TOI:* L07G Group Life - Whole      *Sub-TOI:* L07G.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Life- Statement of Policy Cost & Benefit Information  
*Project Name/Number:* Life- Statement of Policy Cost & Benefit Information/ISLIP0001.V2-AR

## **Disposition**

Disposition Date: 08/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UTAC-126265079 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Statement of Policy Cost And Benefit Information		Yes
Form	Statement of Policy Cost And Benefit Information		Yes

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## Form Schedule

### Lead Form Number: 1SLIP0001.V2-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1SLIP0001.V2-AR	Other	Statement of Policy Cost And Benefit Information	Initial		40.000	1SLIP0001.V2-AR.pdf
	1GDBIP001.V2-AR	Other	Statement of Policy Cost And Benefit Information	Initial		40.000	1GDBIP0001.V2-AR.pdf

GREAT AMERICAN LIFE INSURANCE COMPANY  
 POLICY NO. [0012345678]  
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION

THIS ILLUSTRATION IS A POLICY SUMMARY FOR [DOE, JOHN]

THE PROPOSED INSURANCE, SUPPLEMENTAL BENEFITS, AND VALUES ARE AS FOLLOWS

COVERAGE	WHOLE LIFE INSURANCE
INITIAL DEATH BENEFIT	[\$15,000]
INITIAL BASIC PREMIUM	[\$952.90]
POLICY PAYING PERIOD	[MONTHLY, QUARTERLY, SEMI-ANNUAL, ANNUAL]

AGE	YEAR	ANNUAL PREMIUM	END OF YEAR CASH VALUES*	BEG. OF YEAR DEATH BENEFIT
[66]	1	\$952.90		\$15,000
67	2	\$952.90		\$15,000
68	3	\$952.90	371.70	\$15,000
69	4	\$952.90	802.50	\$15,000
70	5	\$952.90	1,243.20	\$15,000
71	6	\$952.90	1,690.80	\$15,000
72	7	\$952.90	2,144.85	\$15,000
73	8	\$952.90	2,598.60	\$15,000
74	9	\$952.90	3,052.80	\$15,000
75	10	\$952.90	3,508.50	\$15,000
76	11	\$952.90	3,965.55	\$15,000
77	12	\$952.90	4,423.80	\$15,000
78	13	\$952.90	4,880.40	\$15,000
79	14	\$952.90	5,331.60	\$15,000
80	15	\$952.90	5,773.50	\$15,000
81	16	\$952.90	6,205.50	\$15,000
82	17	\$952.90	6,624.15	\$15,000
83	18	\$952.90	7,031.55	\$15,000
84	19	\$952.90	7,427.85	\$15,000
85	20	\$952.90	7,811.55	\$15,000
120	55	\$952.90	15,000.00	\$15,000]

	10 YEARS	20 YEARS
LIFE INSURANCE SURRENDER COST INDEX	[\$45.82	\$48.53
LIFE INSURANCE NET PAYMENT COST INDEX	\$63.53	\$63.53]

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDE.

THE EFFECTIVE ANNUAL POLICY LOAN INTEREST RATE FOR LOANS ON THIS POLICY WILL BE 7.40% PAID IN ADVANCE.

PREPARED ON [April 12, 2005] FOR PRESENTATION BY [JAMES DOE  
 123 ANY STREET  
 ANY CITY, USA]

\*BLANK SPACE INDICATES ZERO END OF YEAR CASH

GREAT AMERICAN LIFE INSURANCE COMPANY  
 P.O. Box 559002 Austin, Texas 78755-9002

POLICY NO. [0012345678]

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

THIS ILLUSTRATION IS A POLICY SUMMARY FOR [DOE, JOHN]

THE PROPOSED INSURANCE, SUPPLEMENTAL BENEFITS, AND VALUES ARE AS FOLLOWS

COVERAGE	GRADED BENEFIT WHOLE LIFE INSURANCE
FACE AMOUNT OF INSURANCE	[\$10,000]
INITIAL BASIC PREMIUM	[\$790.00]
PREMIUM CREDIT-MONTHLY	[ \$67.15]
POLICY PAYING PERIOD	[MONTHLY, QUARTERLY, SEMI-ANNUAL, ANNUAL]

AGE	YEAR	ANNUAL PREMIUM	END OF YEAR CASH VALUES	BEG. OF YEAR death benefit
[66	1	\$790.00		\$869.00
67	2	\$790.00	328.40	\$1,824.90
68	3	\$790.00	731.95	\$2,876.40
69	4	\$790.00	1,004.92	\$10,000.00
70	5	\$790.00	1,284.08	\$10,000.00
71	6	\$790.00	1,567.73	\$10,000.00
72	7	\$790.00	1,855.41	\$10,000.00
73	8	\$790.00	2,142.88	\$10,000.00
74	9	\$790.00	2,430.62	\$10,000.00
75	10	\$790.00	2,719.35	\$10,000.00
76	11	\$790.00	3,008.90	\$10,000.00
77	12	\$790.00	3,299.25	\$10,000.00
78	13	\$790.00	3,588.53	\$10,000.00
79	14	\$790.00	3,874.37	\$10,000.00
80	15	\$790.00	4,154.36	\$10,000.00
81	16	\$790.00	4,428.11	\$10,000.00
82	17	\$790.00	4,693.30	\$10,000.00
83	18	\$790.00	4,951.41	\$10,000.00
84	19	\$790.00	5,202.56	\$10,000.00
85	20	\$790.00	5,445.65	\$10,000.00
120	55	\$790.00	10,000.00	\$10,000.00]

THE BENEFIT PAYABLE ON DEATH DURING THE FIRST THREE POLICY YEARS WILL BE THE REDUCED BENEFIT AMOUNT SHOWN ON THE POLICY DATA PAGE.

THE DEATH BENEFIT AFTER THE THIRD POLICY ANNIVERSARY WILL BE THE FACE AMOUNT OF INSURANCE, LESS ANY POLICY LOAN.

	10 YEARS	20 YEARS
LIFE INSURANCE SURRENDER COST INDEX	[\$85.95	\$78.99
LIFE INSURANCE NET PAYMENT COST INDEX	\$116.25	\$98.57]

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDE.

THE EFFECTIVE ANNUAL POLICY LOAN INTEREST RATE FOR LOANS ON THIS POLICY WILL BE 7.40% PAID IN ADVANCE.

PREPARED ON [April 11, 2005] FOR PRESENTATION BY [JAMES DOE  
123 ANY STREET  
ANY CITY, USA]

\*BLANK SPACE INDICATES ZERO END OF YEAR CASH

GREAT AMERICAN LIFE INSURANCE COMPANY  
P.O. BOX 559002, AUSTIN, TEXAS 78755-9002

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> FLESCH.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this submission		
<b>Comments:</b>		

# CERTIFICATION OF FLESCH READING EASE TEST

## RE: GREAT AMERICAN LIFE INSURANCE COMPANY

This is to certify that the form listed below is in compliance with the readability requirements of the Flesch Reading ease test.

The Flesch test was applied to this form in its entirety, except that titles, major headings and sub-headings and tables were excluded.

The Flesch reading ease test score is:

### FORM NUMBER

1SLIP0001-AR  
1GDBIP0001-AR

### FLESCH SCORE

40  
40

Great American Life Insurance Company

By: Billy Hill Jr.  
Billy Hill, Jr., Executive Vice-President

Date: August 13, 2009