

SERFF Tracking Number:	GRAX-G126902232	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	47303
Company Tracking Number:	R6032410NW		
TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	Annuity Individual Fixed		
Project Name/Number:	Annuity Individual Fixed/R6032410NW		

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G126902232	State: Arkansas
TOI: A021 Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 47303
Sub-TOI: A021.002 Flexible Premium	Co Tr Num: R6032410NW	State Status: Approved-Closed
Filing Type: Form	Author: SPI	Reviewer(s): Linda Bird
	GreatAmericanFinancialRes	Disposition Date: 11/17/2010
	Date Submitted: 11/12/2010	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed	Status of Filing in Domicile: Pending
Project Number: R6032410NW	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: 11/17/2010	Explanation for Other Group Market Type:
	State Status Changed: 11/17/2010
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Ohio, our state of domicile, on 11/11/10.

SERFF Tracking Number: GRAX-G126902232 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47303
 Company Tracking Number: R6032410NW
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/R6032410NW

Rider form number R6032410NW is intended for use with all previously approved individual deferred fixed annuity contracts and any individual deferred fixed annuity contracts that we may develop in the future.

This rider is automatically added to all newly issued contracts and there is no cost to the owner for this benefit. If an owner chooses to activate this rider, the Early Withdrawal Charges and/or Market Value Adjustments that would otherwise apply for any withdrawal, surrender or annuitization under the contract will be waived subject to the criteria listed in the rider. This rider automatically terminates when the owner transfers or assigns his/her interest in the contract, the Early Withdrawal Charges expire, the contract is surrendered or annuitized, or a death benefit becomes payable unless a spouse becomes the successor owner.

Company and Contact

Filing Contact Information

Juli Fleming, Senior Compliance Analyst jlfleming@gafri.com
 P. O. Box 5420 513-412-0018 [Phone] 10018 [Ext]
 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	11/12/2010	41824856

SERFF Tracking Number: GRAX-G126902232 State: Arkansas
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/R6032410NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/17/2010	11/17/2010

SERFF Tracking Number: GRAX-G126902232 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 47303
Company Tracking Number: R6032410NW
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/R6032410NW

Disposition

Disposition Date: 11/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126902232 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47303
 Company Tracking Number: R6032410NW
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/R6032410NW

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Form	Extended Care Waiver Rider		Yes



LIFE INSURANCE COMPANY

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

EXTENDED CARE WAIVER RIDER

The annuity contract ("Contract") is changed by this Extended Care Waiver Rider (this "Rider") to add the following new provisions:

Extended Care Waiver

Upon your Written Request, we will waive the Early Withdrawal Charges and Market Value Adjustments, if any, that may otherwise apply under the Contract to a withdrawal, surrender, or annuitization if at the time of such withdrawal, surrender, or annuitization or within the immediately preceding ninety (90) days all of the following conditions are met:

- 1) an Insured is confined to a Long-Term Care Facility or Hospital;
- 2) the confinement is prescribed by a Physician and is Medically Necessary;
- 3) the first day of the confinement was at least one (1) year after the effective date of the Contract; and
- 4) the confinement has continued for a period of at least ninety (90) consecutive days.

You must provide us with proof of confinement that meets these conditions. The proof must be satisfactory to us. Your Written Request and satisfactory proof must be provided to us before the date of the withdrawal, surrender, or annuitization. This waiver, when available, is in lieu of, and not in addition to, the free withdrawal allowance under the Contract. The Guaranteed Minimum Surrender Value, if any, will be calculated as if the Early Withdrawal Charges were not waived.

Definitions

Capitalized terms not defined in this Rider have the same meaning as such terms are defined in the Contract. The following additional definitions apply to this Rider:

Insured: An individual whose confinement is used to qualify for benefits under this Rider. Each Owner or joint owner of the Contract on the date that this Rider is issued who is a natural person is an Insured. If on the date that this Rider is issued you or a joint owner is a non-natural person, then each Annuitant on such date who is a natural person is an Insured. For this purpose, an individual acting as a trustee or plan sponsor is not treated as a natural person. Except as provided for a spouse who becomes successor owner, no person may become an Insured after the date that the Rider is issued. If the spouse of the person who is the Insured on the date that this Rider is issued becomes the successor owner of the Contract in lieu of a death benefit, then that spouse will become the Insured.

Early Withdrawal Charge: An early withdrawal charge, surrender charge, premature use charge, or contingent deferred sales charge that may apply to a withdrawal, surrender, or annuitization under the Contract. It does not include a proportional reduction in values or benefits. It does not include a Market Value Adjustment.

Market Value Adjustment: An adjustment to Contract values that may apply upon a withdrawal, surrender, or annuitization that is based on a comparison between interest rates at the beginning of a term and interest rates at the time of the withdrawal, surrender, or annuitization.

Long-Term Care Facility: A Skilled Nursing Facility or an Intermediate Care Facility, other than a facility that:

- 1) primarily treats drug addicts or alcoholics;
- 2) is a home for the aged or mentally ill, a community living center, or primarily provides residential care or retirement care; or
- 3) is owned or operated by the Owner, joint owner, or an Insured, or a Family Member of the Owner, joint owner, or an Insured.

Skilled Nursing Facility: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as a Skilled Nursing Facility under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.);
- 4) it maintains a daily medical record of each patient; and
- 5) it provides skilled nursing care under the supervision of a Physician.

Intermediate Care Facility: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as an Intermediate Care Facility under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); and
- 4) it maintains a daily medical record of each patient.

Hospital: A facility that meets all of the following requirements:

- 1) it is located in the United States or its territories;
- 2) it is licensed and operated as a hospital under the laws of the state or territory where it is located;
- 3) it provides nursing services twenty-four (24) hours a day by, or under the supervision of, a registered graduate professional nurse (R.N.);
- 4) it operates primarily for the care and treatment of sick and injured persons as inpatients for a charge;
- 5) it maintains, or has access to, medical, diagnostic, and major surgical facilities; and
- 6) it is supervised by a staff of Physicians.

Physician: A person who is licensed in the United States as a medical doctor (M.D.) or a doctor of osteopathy (D.O.) and who is practicing within the scope of his or her license. The term "Physician" does not include an Owner or joint owner, an Insured, a Family Member of an Owner, joint owner, or Insured, or an employee, officer, director, owner, partner, member, or agent of a non-natural Owner or joint owner.

Medically Necessary: Care that is:

- 1) appropriate and consistent with the diagnosis of a Physician;
- 2) in accord with accepted standards of practice; and
- 3) could not be omitted without adversely affecting the condition of the Insured.

Family Member: A spouse, child, parent, grandparent, grandchild, sibling, aunt, uncle, first cousin, niece, or nephew, or any such relative by marriage or adoption, including in-laws and step-relatives.

Termination

- 1) This Rider will terminate and have no value when one of the following occurs:
- 2) you transfer or assign an interest in the Contract, unless to an Insured.
- 3) when no further Early Withdrawal Charges or Market Value Adjustments can ever apply under the Contract;
- 4) you surrender or annuitize the Contract; or
- 5) a death that would give rise to a death benefit under the Contract, unless a spouse of the Insured becomes the successor owner of the Contract.

This Rider is part of your Contract. It is not a separate contract. It changes your Contract only as and to the extent stated. In the case of conflict with other terms of the Contract, the terms of this Rider shall control.

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



**MARK F. MUETHING
SECRETARY**



**CHARLES R. SCHEPER
PRESIDENT**

<i>SERFF Tracking Number:</i>	<i>GRAX-G126902232</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47303</i>
<i>Company Tracking Number:</i>	<i>R6032410NW</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/R6032410NW</i>		

Supporting Document Schedules

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

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

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

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: 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.

Form Number	Score
R6032410NW	52

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 11/12/10

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Great American Life Insurance Company P. O. Box 5420 Cincinnati OH 45201-5420	OH		0084	63312	13-1935920	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Juli K. Fleming P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 10018	513-412-1470	jffleming@gafri.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	R6032410NW
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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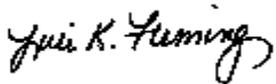
8. Market	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
	Group	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large
		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket
		<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust	
		<input type="checkbox"/> Other: _____		

9. Type of Insurance	A02I Individual Annuities- Deferred Non-Variable
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10. Product Coding Matrix Filing Code	A02I.002 Flexible Premium
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
	SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	11/12/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	pending
15.	Filing Description:	
<p>Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Ohio, our state of domicile, on 11/11/10.</p> <p>Rider form number R6032410NW is intended for use with all previously approved individual deferred fixed annuity contracts and any individual deferred fixed annuity contracts that we may develop in the future.</p> <p>This rider is automatically added to all newly issued contracts and there is no cost to the owner for this benefit. If an owner chooses to activate this rider, the Early Withdrawal Charges and/or Market Value Adjustments that would otherwise apply for any withdrawal, surrender or annuitization under the contract will be waived subject to the criteria listed in the rider. This rider automatically terminates when the owner transfers or assigns his/her interest in the contract, the Early Withdrawal Charges expire, the contract is surrendered or annuitized, or a death benefit becomes payable unless a spouse becomes the successor owner.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>11/12/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	R6032410NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Extended Care Waiver Rider	R6032410NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	



LIFE INSURANCE COMPANY

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

November 12, 2010

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

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

RE: Request For Approval - Great American Life Insurance Company
R6032410NW Extended Care Waiver Rider

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it been previously submitted to your Department for preliminary review. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards. This form was filed in Ohio, our state of domicile, on November 11, 2010.

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With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at jfleming@gafri.com.

Sincerely,

Juli K. Fleming
Senior Compliance Analyst

JULI K. FLEMING , SENIOR COMPLIANCE ANALYST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 412-1470 FAX