

SERFF Tracking Number: GRWE-126935969 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 47466
Company Tracking Number: J448PG9
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: J448
Project Name/Number: J448 Page 9/

Filing at a Glance

Company: Great-West Life & Annuity Insurance Company

Product Name: J448

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: GRWE-126935969 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 47466
Closed

Co Tr Num: J448PG9

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Alicia Uttley

Disposition Date: 12/09/2010

Date Submitted: 12/07/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 02/15/2011

Implementation Date:

State Filing Description:

General Information

Project Name: J448 Page 9

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/09/2010

Deemer Date:

Submitted By: Alicia Uttley

Filing Description:

Individual Life Insurance Submission, Page Replacement

Flexible Premium Adjustable Life, Non-Participating, Form J448 page 9

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt in state of
domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/09/2010

Created By: Alicia Uttley

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Alicia Uttley, Compliance Analyst

alicia.uttley@gwl.com

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8515 E. Orchard Rd. 303-737-6793 [Phone]
 8T2 303-737-5434 [FAX]
 Greenwood Village , CO 80110

Filing Company Information

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado
 8515 East Orchard Road Group Code: 769 Company Type:
 Greenwood Village, CO 80111 Group Name: State ID Number:
 (303) 737-3992 ext. [Phone] FEIN Number: 84-0467907

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50.00 x 1 form = 50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$50.00	12/07/2010	42698562

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/09/2010	12/09/2010

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Disposition

Disposition Date: 12/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter		Yes
Form	Page 9		Yes

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Form Schedule

Lead Form Number: J448

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J448	Policy/Cont Page 9 ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			new j448 09.pdf

Death Benefit Provisions (continued)

How will the death benefit be disbursed?

DEATH BENEFIT PAYMENT

The Proceeds payable on the Insured's death will be paid in a lump sum unless the Owner elects to receive all or a portion of the Proceeds under a settlement option that the Company is then offering.

The Company will pay interest on the Proceeds at a rate not less than required by law.

Policy Values, Loan and Nonforfeiture Provisions

How and when is the cost of insurance calculated?

COST OF INSURANCE PROVISION

An amount will be deducted on the first day of each policy month from the policy value account to pay the cost of insurance for that policy month. The cost of insurance is calculated on the first day of each policy month and is equal to:

the death benefit divided by 1.0032737 less the policy value account on the first day of each policy month (after any premiums paid and less any expense charge and less any partial withdrawals taken on the first day of the policy month), multiplied by the current monthly risk rate per 1,000 for the Insured's Attained Age
plus
the extra premium for any rated premium class.

If there has been an increase or decrease in death benefit during the policy year, the cost of insurance calculation will be adjusted accordingly to reflect the change.

RISK RATE

The maximum monthly risk rate is shown on Page 2. The Company may charge a lower monthly risk rate. The maximum risk rates shown on Page 2 are based on the Commissioners 2001 Smoker-Distinct and Sex-Distinct Standard Mortality Table, age nearest birthday.

The Company reserves the right to change the monthly risk rate based on our expectations of future mortality, investment earnings, persistency, capital and reserve requirements, and expenses (including taxes) subject to the maximum risk rates. Any change will be made uniformly by class.

EXPENSE CHARGE

The maximum expense charge for this policy is shown on Page 1.

The expense charge is a percentage of all premiums paid. This charge is guaranteed and may not be increased. This charge will be deducted from the policy value account as described in the Cost of Insurance Provision.

Where will each premium payment be credited?

POLICY VALUE ACCOUNT

Each premium, less any expense charge, will be credited to the policy value account on the date received at the Corporate Headquarters. On the first day of each policy month a deduction will be made from this account for the cost of insurance and the cost of any coverage provided by rider.

The policy value account will earn interest as of the date premiums are received at the Corporate Headquarters. Interest is credited daily. The interest credited to the portion of the policy value account not being used as collateral for a policy loan will be the greater of:

- the Current Interest Rate; or
- 2.5% per year.

The policy value account will be reduced by the amount of any withdrawals, as described in the Partial Withdrawal Provision.

Beginning in year 11, the policy is eligible for additional interest, provided the Current Interest Rate is 3.00% or greater. This additional interest will be credited at an annual interest rate as shown on Page 1. The additional interest will be credited monthly to the policy value account.

Can the coverage continue if premium payments cease?

CONTINUATION OF INSURANCE PROVISION

If premium payments cease, coverage under this policy or any attached riders will continue until the policy value account, less any outstanding loans, loan interest accrued and any surrender charge, is insufficient to cover the monthly cost of insurance and charge for any riders. When the amount is insufficient, the Grace Period Provision will go into effect.

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Supporting Document Schedules

Item Status: **Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ar compliance cert page 9.pdf

Item Status: **Status
Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR Letter replacing page 9.pdf

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATE OF COMPLIANCE

RE: Flexible Premium Adjustable Life Insurance Policy, Form J448 with revised page 9

We hereby certify that the guidelines established in Arkansas Rule and Regulation 19 have been reviewed and the forms designated above comply with these guidelines.

We hereby certify that the above policy forms meet the minimum Flesch Reading Ease Test score requirements.

Great-West Life & Annuity Insurance Company



Susan Gile

Vice President, Individual Markets Operation

December 7, 2010

Date



8515 East Orchard Road
Greenwood Village, CO 80111 Tel. (303) 737-3000
Address mail to: P.O. Box 1700, Denver, CO 80201
www.gwla.com

December 7, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #769-68322

RE: **CONFIDENTIAL FILING**
Individual Life Insurance Submission, Page Replacement
Flexible Premium Adjustable Life, Non-Participating, Form J448 page 9

Enclosed for your review is the above referenced page. The policy form number J448 was recently approved in your state on November 23, 2010 under SERFF filing number GRWE-126875075, AR state tracking # 47131. Regretfully we did not update the second paragraph of the Risk Rate provision as we intended before we filed this for approval. Due to this administrative oversight we request that the above reference page be approved and replaced. We certify that this policy has not been issued therefore the form number is remaining the same.

For your convenience we have provided the paragraph previously approved and the paragraph being submitted for approval.

Risk Rate provision previously approved

The maximum monthly risk rate is shown on Page 2. The Company may charge a lower monthly risk rate. The maximum risk rates shown on Page 2 are based on the Commissioners 2001 Smoker-Distinct and Sex-Distinct Standard Mortality Table, age nearest birthday.

The monthly risk rate may change at any time subject to the maximum risk rates. Any change will be made uniformly by class.

Risk Rate provision submitted for approval

The maximum monthly risk rate is shown on Page 2. The Company may charge a lower monthly risk rate. The maximum risk rates shown on Page 2 are based on the Commissioners 2001 Smoker-Distinct and Sex-Distinct Standard Mortality Table, age nearest birthday.

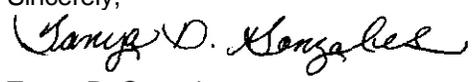
The Company reserves the right to change the monthly risk rate based on our expectations of future mortality, investment earnings, persistency, capital and reserve requirements, and expenses (including taxes) subject to the maximum risk rates. Any change will be made uniformly by class.

We are exempt from filing in Colorado, our state of domicile. Pursuant to Regulation 5-92. Colorado requires a fee to be paid each February 28th based on our Company's direct written premium. If appropriate, a retaliatory fee has been paid in your state in conjunction with your annual premium tax return.

We reserve the right at any time to make non-material changes to these forms, including (but not limited to) paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.

To the best of our knowledge, this submission complies with your state laws and regulations. We look forward to your approval. Should you have any questions, please call me on our toll-free number, (800) 537-2033, ext 75829 or via email at Tanya.gonzales@gwl.com

Sincerely,

A handwritten signature in black ink that reads "Tanya D. Gonzales". The signature is written in a cursive style with a large, stylized initial 'T'.

Tanya D. Gonzales
Manager, Individual Markets