Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed
TOI: A02I Individual Annuities- Deferred Non-Variable
Sub-TOI: A02I.002 Flexible Premium
Filing Type: Form

SERFF Tr Num: GRAX-126624508
SERFF Status: Closed-Approved-Closed
Co Tr Num: E6029710NW

Author: SPI GreatAmericanFinancialRes
Date Submitted: 05/12/2010

State: Arkansas
State Tr Num: 45641

State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 05/13/2010

Disposition Status: Approved-Closed
Implementation Date:

Implementation Date Requested:
State Filing Description:

General Information

Project Name: Annuity Individual Fixed
Project Number: E6029710NW
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/13/2010

Deemer Date:
Submitted By: SPI GreatAmericanFinancialRes
Filing Description:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 05/13/2010
Created By: SPI GreatAmericanFinancialRes
Corresponding Filing Tracking Number:

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 number E6029710NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life

annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all Great American Life Insurance Company individual annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.

Company and Contact

Filing Contact Information

Juli Fleming, Senior Compliance Analyst
P. O. Box 5420
Cincinnati, OH 45201-5420

jfleming@gafri.com
513-412-0018 [Phone] 10018 [Ext]
513-412-1470 [FAX]

Filing Company Information

Great American Life Insurance Company
P. O. Box 5420
Cincinnati, OH 45201-5420

(800) 854-3649 ext. [Phone]

CoCode: 63312
Group Code: 84
Group Name: Great American Financial Resources, Inc.
FEIN Number: 13-1935920

State of Domicile: Ohio
Company Type:
State ID Number:

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	05/12/2010	36434254

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/13/2010	05/13/2010

Disposition

Disposition Date: 05/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GRAX-126624508*	*State:*	*Arkansas*
Filing Company:	*Great American Life Insurance Company*	*State Tracking Number:*	*45641*
Company Tracking Number:	*E6029710NW*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.002 Flexible Premium*
Product Name:	*Annuity Individual Fixed*		
Project Name/Number:	*Annuity Individual Fixed/E6029710NW*		

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	Default Annuity Commencement Date and Form of Payment Endorsement		Yes

Form Schedule

Lead Form Number: E6029710NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	E6029710NW	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Default Annuity Commencement Date and Form of Payment Endorsement	Initial		57.000	E6029710NW.PDF

GREAT AMERICAN
LIFE INSURANCE COMPANY
Home Office: Cincinnati, Ohio
Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

DEFAULT ANNUITY COMMENCEMENT DATE AND FORM OF PAYMENT ENDORSEMENT

The annuity contract (the "Contract") is changed to add the following new provision:

Default Annuity Commencement Date and Form of Payment
Your Annuity Commencement Date or maturity date is changed to the Contract Anniversary following your 95th birthday. Unless we agree, you may not choose an Annuity Commencement Date or maturity date that is later than that date.

You may choose an earlier date as your Annuity Commencement Date or maturity date. Your choice must be made by Written Request that is received by us no later than the chosen date, and at least thirty (30) days before the date of the first payment to be made under a Settlement Option.

Annuity Benefit payments shall be made in the form of a life annuity with payments guaranteed for a fixed period of ten (10) years, or if fewer, the maximum number of whole years permitted under the tax qualification endorsement, if any. Payments shall be made in annual installments, with the payments to be made on the last day of each annual payment interval. The interest rate and life expectancies used to calculate the payments will be no less favorable to you than those guaranteed under the Contract.

In place of that, you may choose to have Annuity Benefit payments made in the form of any other option that is available to you under the Contract. Your choice must be made by Written Request that is received by us no later than the Annuity Commencement Date or maturity date, and at least thirty (30) days before the date of the first payment to be made.

No Annuity Benefit will be paid if the amount to be applied upon annuitization is less than $2,000. In that case, the amount to be applied shall be paid as a lump sum on the Annuity Commencement Date. In place of that, we may also exercise any right that we may then have to terminate the Contract.

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

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

MARK F. MUETHING
SECRETARY

CHARLES R. SCHEPER
PRESIDENT

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not applicable to this filing.

Comments:

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
E6029710NW	57

Signed: _____

Name: John P. Gruber

Title: Senior Vice President

Date: 05/12/10

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas

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	jfleming@gafri.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	E6029710NW
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☒ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	A02I Individual Annuities- Deferred Non-Variable
10.	Product Coding Matrix Filing Code	A02I.002 Flexible Premium
11.	Submitted Documents	☒ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☒ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other: _____ ☐ **RATES** ☐ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreement ☐ Statement of Variability ☐ Certifications ☐ Actuarial Memorandum ☐ Other: _____

© 2009 National Association of Insurance Commissioners

12.	**Filing Submission Date**	05/12/10
13.	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☒ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	pending
15.	**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.

Form number E6029710NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all Great American Life Insurance Company individual annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.

16. Certification (If required)

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 Arkansas.

Print Name Juli K. Fleming Title Senior Compliance Analyst

Signature Juli K. Fleming Date 05/12/10

© 2009 National Association of Insurance Commissioners

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	E6029710NW
This filing corresponds to rate filing company tracking number	

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01	Default Annuity Commencement Date and Form of Payment Endorsement	E6029710NW	☒ **Initial** ☐ **Revised** ☐ **Other** _____	
02			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
03			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
04			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
05			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
06			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
07			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
08			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
09			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
10			☐ **Initial** ☐ **Revised** ☐ **Other** _____	
11			☐ **Initial** ☐ **Revised** ☐ **Other** _____	

© 2009 National Association of Insurance Commissioners

GREAT AMERICAN
LIFE INSURANCE COMPANY
Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

May 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
E6029710NW Default Annuity Commencement Date and Form of Payment Endorsement

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 May 12, 2010.

Form number E6029710NW modifies the annuity commencement date of the contract to be the Contract Anniversary following the contract owner's 95th birthday. It also modifies the default settlement option of the contract to be a life annuity with payments guaranteed for at least 10 years or, if fewer, the maximum number of whole years permitted under any tax qualification endorsement attached to the contract.

This endorsement will be used with all Great American Life Insurance Company individual annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.

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

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