

SERFF Tracking Number: GRAX-126634864 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 45712
Company Tracking Number: E6030010NW ET AL
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: Group Annuity Fixed
Project Name/Number: Group Annuity Fixed/E6030010NW et al

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Group Annuity Fixed SERFF Tr Num: GRAX-126634864 State: Arkansas
TOI: A02G Group Annuities - Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45712
variable Closed
Sub-TOI: A02G.002 Flexible Premium Co Tr Num: E6030010NW ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 05/20/2010
GreatAmericanFinancialRes
Date Submitted: 05/19/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Group Annuity Fixed Status of Filing in Domicile: Pending
Project Number: E6030010NW et al Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Association, Employer,
Trust
Filing Status Changed: 05/20/2010 Explanation for Other Group Market Type:
State Status Changed: 05/20/2010
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 forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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 numbers E6030010NW and E6030110NW modify the annuity commencement date of the participation in the group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the

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default settlement option for the participant's interest in 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.

These endorsements will be used with all Great American Life Insurance Company group 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 jfleming@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	05/19/2010	36647215
Great American Life Insurance Company	\$50.00	05/19/2010	36652054

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2010	05/20/2010

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Disposition

Disposition Date: 05/20/2010

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	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	Default Annuity Commencement Date And Form Of Payment Endorsement		Yes

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Form Schedule

Lead Form Number: E6030010NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	E6030010NW	Policy/Cont	Default Annuity ract/Fratern Commencement al Date And Form Of Certificate: Payment Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial		50.700	E6030010NW .PDF
	E6030110NW	Policy/Cont	Default Annuity ract/Fratern Commencement al Date And Form Of Certificate: Payment Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial		54.900	E6030110NW .PDF



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

Default Annuity Commencement Date and Form of Payment

The Annuity Commencement Date or maturity date with respect to the interest of a Participant in this Contract is changed to the Certificate Anniversary following his or her 95th birthday. Unless we agree, the Participant may not choose an Annuity Commencement Date or maturity date that is later than that date.

The Participant may choose an earlier date as your Annuity Commencement Date or maturity date. The Participant's 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 with respect to the interest of a Participant in the Contract 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 the Participant than those guaranteed under the Contract.

In place of that, a Participant may choose to have his or her Annuity Benefit payments made in the form of any other option that is available to him or her under the Contract. The Participant's choice must be made by Written Request that is received by us no later than his or her 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 with respect to the interest of a Participant in the Contract 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 interest of the Participant in the Contract.

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



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

Your certificate of participation (your "Certificate") issued under a group annuity contract (the "Contract") is changed to add the following new provision:

Default Annuity Commencement Date and Form of Payment

The Annuity Commencement Date or maturity date for your interest in the Contract is changed to the Certificate 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 with respect to your interest in the Contract 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 your 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 your 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 with respect to your interest in the Contract 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 your Annuity Commencement Date. In place of that, we may also exercise any right that we may then have to terminate your interest in the Contract.

This Endorsement is a part of your Certificate. It is not a contract. It changes your Certificate only as and to the extent stated. In the case of conflict with other terms of your Certificate, the terms 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

SERFF Tracking Number: GRAX-126634864 State: Arkansas
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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
E6030010NW	50.7
E6030110NW	54.9

Signed: 
Name: John P. Gruber
Title: Senior Vice President
Date: 05/19/10

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	E6030010NW et al
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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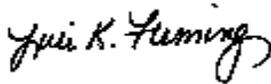
8. Market	Group	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	A02G Group Annuities - Deferred Non-variable
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10. Product Coding Matrix Filing Code	A02G.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: _____
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12.	Filing Submission Date	05/19/10
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 forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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.</p> <p>Form numbers E6030010NW and E6030110NW modify the annuity commencement date of the participation in the group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the default settlement option for the participant's interest in 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.</p> <p>These endorsements will be used with all Great American Life Insurance Company group annuity contracts, both in force and newly issued, unless the annuity contract language already reflects these defaults.</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>		
Print Name <u>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u>		
Signature <u></u> Date <u>05/19/10</u>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E6030010NW et al	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Default Annuity Commencement Date And Form Of Payment Endorsement	E6030010NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Default Annuity Commencement Date And Form Of Payment Endorsement	E6030110NW	<input checked="" 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

May 19, 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
E6030010NW Default Annuity Commencement Date And Form Of Payment Endorsement
E6030110NW Default Annuity Commencement Date And Form Of Payment Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the forms referenced above. These forms are new forms and do not replace any existing forms, nor have they 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. These forms were filed in Ohio, our state of domicile, on May 11, 2010.

Form numbers E6030010NW and E6030110NW modify the annuity commencement date of the participation in the group master contract to be the Certificate Anniversary following the participant's 95th birthday. It also modifies the default settlement option for the participant's interest in 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.

These endorsements will be used with all Great American Life Insurance Company group 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
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