

SERFF Tracking Number: GRAX-G126685807 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 46008
Company Tracking Number: AR031710100004
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G126685807 State: Arkansas
TOI: A021 Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Accepted State Tr Num: 46008
For Informational Purposes
Sub-TOI: A021.002 Flexible Premium Co Tr Num: AR031710100004 State Status: Filed-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 06/23/2010
Author: SPI
GreatAmericanFinancialRes
Date Submitted: 06/21/2010 Disposition Status: Accepted For Informational Purposes
Implementation Date: Implementation Date:

General Information

Project Name: Annuity Individual Fixed Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational 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: 06/23/2010 Explanation for Other Group Market Type:
State Status Changed: 06/23/2010
Deemer Date: Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes Corresponding Filing Tracking Number:
Filing Description:

The above referenced endorsement was recently approved by your department effective 5/13/10, under your filing number 45641. We have determined that this endorsement will also need to be added to our closed block of business for the following company which has been assumed by Great American Life Insurance Company:

National Health Insurance Company

SERFF Tracking Number: GRAX-G126685807 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 46008
 Company Tracking Number: AR031710100004
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

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	06/21/2010	37353935

SERFF Tracking Number: GRAX-G126685807 State: Arkansas
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Variable
Product Name: Annuity Individual Fixed
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	06/23/2010	06/23/2010

SERFF Tracking Number: GRAX-G126685807 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 46008
Company Tracking Number: AR031710100004
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Disposition

Disposition Date: 06/23/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126685807 State: Arkansas
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 Variable
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
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

<i>SERFF Tracking Number:</i>	<i>GRAX-G126685807</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46008</i>
<i>Company Tracking Number:</i>	<i>AR031710100004</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/</i>		

Supporting Document Schedules

	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	

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 type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	AR031710100004
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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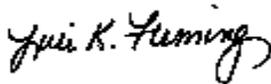
8. Market	Group	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> 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 type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input 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	06/21/10
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>The above referenced endorsement was recently approved by your department effective 5/13/10, under your filing number 45641. We have determined that this endorsement will also need to be added to our closed block of business for the following company which has been assumed by Great American Life Insurance Company:</p> <p>National Health Insurance Company</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>06/21/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR031710100004	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input 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

June 21, 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: Informational Filing - Great American Life Insurance Company
E6029710NW Default Annuity Commencement Date and Form of Payment Endorsement

Dear Insurance Commissioner Bradford:

The above referenced endorsement was recently approved by your department effective 5/13/10, under your filing number 45641. We have determined that this endorsement will also need to be added to our closed block of business for the following company which has been assumed by Great American Life Insurance Company:

National Health Insurance Company.

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