

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 46588
Company Tracking Number: AR031990100004
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
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-G126783562 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Accepted State Tr Num: 46588
For Informational Purposes
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: AR031990100004 State Status: Filed-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 08/25/2010
GreatAmericanFinancialRes
Date Submitted: 08/24/2010 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: Implementation Date:

State Filing Description:

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: 08/25/2010 Explanation for Other Group Market Type:
State Status Changed: 08/25/2010
Deemer Date: Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes Corresponding Filing Tracking Number:
Filing Description:
Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the ranges of the Guaranteed Minimum Surrender Value Rate and the Maximum Index Spread as referenced on the previously submitted Explanation of Variables for the policy form P1406405NW/P1406505NW, which were approved for use in your state on 03/03/06, under filing number 31581.

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3% and the range of the Maximum Index Spread from 0%-8%, to 0%-15%. A revised Explanation of Variables document is enclosed for

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 46588
 Company Tracking Number: AR031990100004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/
 your records.

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? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	08/24/2010	38977295

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 46588
Company Tracking Number: AR031990100004
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		08/25/2010	08/25/2010

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 46588
Company Tracking Number: AR031990100004
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/

Disposition

Disposition Date: 08/25/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 46588
 Company Tracking Number: AR031990100004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

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	Explanation of Variables		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes

SERFF Tracking Number: GRAX-G126783562 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 46588
 Company Tracking Number: AR031990100004
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables		
Comments:		
Attachment:		
NW - EO.V.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		

Explanation of Variables
Individual Deferred Annuity Contract
Form No. P1406405NW/P1406505NW

BRACKETS

- Hard Brackets [] – Denote that provision or text is variable.

CONTRACT

Specifications Page

- Owner – Will insert name of the Owner.
- Age of Owner – Will insert Age of the Owner.
- Joint Owner – Will insert name of Joint Owner, if any.
- Age of Joint Owner – Will insert age of Joint Owner, if any.
- Annuitant – Will insert age of Annuitant, if any.
- Age of Annuitant – Will insert age of Annuitant, if any.
- Contract Number – Will insert Contract Number.
- Contract Effective Date – Will insert date contract is issued.
- Annuity Commencement Date – Will insert the annuity commencement date. For non-qualified contracts the annuity commencement date will be the anniversary of the contract following the 85th birthday of the elder of the Owner or Joint Owner, if any, or the 5th Contract Anniversary, whichever is later. For qualified contracts, the annuity commencement date will be the owner's 70th birthday.
- Interest Strategy Application Date – Will insert the date that money will be moved from the Purchase Payment Account into the selected strategies. Currently the 6th & 20th of the month.
- Account Value Payment Period – Will insert the minimum annuity payment period to receive the Account Value as the Annuity Benefit Amount. (5-10 years)
- GMSV Factor – Will insert the percentage of the Purchase Payment used to determine the Guaranteed Minimum Surrender Value. (90%-100%)
- GMSV Rate – Will insert the percentage rate used to determine the Guaranteed Minimum Surrender Value. (1%-3%)
- Guaranteed Minimum Declared Rate – Will insert the minimum guaranteed declared rate. Will not be less than the minimum interest rate allowed under your state insurance law and applicable rules and regulations. Will be set at issue and not changed during lifetime of contract. (1%-3%)
- Purchase Payment Bonus – Will insert the percentage of the Purchase Payment to be applied as a bonus. (1%-10%)
- Purchase Payment Bonus Period – Will insert the years that the Purchase Payment Bonus applies. (1-10 years)
- Declared Rate Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the Declared Rate Strategy as indicated by the Contract Owner.
- Annual Point-to-Point Indexed Strategy – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the One Year Annual Point-to-Point Strategy as indicated by the Contract Owner.
- Term – Will insert the period of time over which an Indexed Interest Rate is calculated. (1-2 years)
- Segment – Will insert the period of time over which the change in the Index is measured for the Annual Point-to-Point Strategy. (daily-1 year)
- Valuation Dates – Will insert the date on which the Index Value is measured to compute the Index Change for the Annual Point-to-Point Strategy. (daily-1 year)
- Minimum Participation Rate – Will insert the guaranteed minimum portion of the Index Change that is used to compute the Adjusted Change for the Annual Point-to-Point Strategy. (50%-150%)
- Minimum Cap – Will insert the highest Adjusted Change for each Segment in the Annual Point-to-Point Strategy. (0%-100%)
- Minimum Floor – Will insert the lowest Adjusted Change for each Segment in the Annual Point-to-Point Strategy. (-25%-5%)
- Maximum Index Spread – Will insert the maximum amount by which the Index Change is reduced when computing the Adjusted Change for the Annual Point-to-Point Strategy. (0%-15%)
- Table Of Guaranteed Values
 - Ø Table of Guaranteed Minimum Surrender Value - Will insert values based on purchase payments of \$1,000.00 received on the Contract Effective Date and each Contract Anniversary thereafter; and the GMSV Rate.

Contract Data

- Settlement Option Computations – Will insert the minimum interest rate applicable to the contract.
- Settlement Option Table A – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table B - Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table C - Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.

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	AR031990100004
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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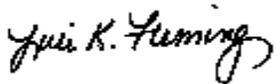
8. Market	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
	Group	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large
		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket
		<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust	
		<input type="checkbox"/> Other: _____		

9. Type of Insurance	A07I Individual Annuities - Special
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10. Product Coding Matrix Filing Code	A07I.001 Equity Indexed
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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 type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: <u>Revised EOV</u>
	<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	08/24/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	pending
15.	Filing Description:	
<p>Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the ranges of the Guaranteed Minimum Surrender Value Rate and the Maximum Index Spread as referenced on the previously submitted Explanation of Variables for the policy form P1406405NW/P1406505NW, which were approved for use in your state on 03/03/06, under filing number 31581.</p> <p>We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3% and the range of the Maximum Index Spread from 0%-8%, to 0%-15%. A revised Explanation of Variables document is enclosed for your records.</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>08/24/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR031990100004	
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

August 24, 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
P1406405NW Individual Deferred Annuity Contract
P1406505NW Individual Deferred Annuity Contract

Dear Insurance Commissioner Bradford:

Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the ranges of the Guaranteed Minimum Surrender Value Rate and the Maximum Index Spread as referenced on the previously submitted Explanation of Variables for the policy form P1406405NW/P1406505NW, which were approved for use in your state on 03/03/06, under filing number 31581.

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3% and the range of the Maximum Index Spread from 0%-8%, to 0%-15%. A revised Explanation of Variables document is enclosed for your records.

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