

SERFF Tracking Number: GRAX-G126994003 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 47749
Company Tracking Number: P1074511NW
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1074511NW

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G126994003 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved-Closed State Tr Num: 47749
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1074511NW State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 01/21/2011
GreatAmericanFinancialRes
Date Submitted: 01/19/2011 Disposition Status: Approved-Closed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Annuity Individual Fixed Status of Filing in Domicile: Pending
Project Number: P1074511NW Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 01/21/2011
State Status Changed: 01/21/2011 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 form referenced above. This insert page will revise part of the specification pages for contract form numbers P1074509NW, which was approved for use in your state on 05/05/09, under filing number 42226. This insert page has not 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.

The following changes have been made to the specification page of the annuity contract referenced above.

SERFF Tracking Number: GRAX-G126994003 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47749
 Company Tracking Number: P1074511NW
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1074511NW

1. Removed current S&P disclosure and company contact information from page 3.
2. Changed form number on page 3 to P1074511NW.
3. Added page 3-1 with new S&P disclosure and company contact information.

Company and Contact

Filing Contact Information

Juli Fleming, Compliance Filing Specialist jfleming@gafri.com
 P. O. Box 5420 513-412-0018 [Phone] 10018 [Ext]
 Cincinnati, OH 45201-5420 513-361-5967 [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	01/19/2011	43918978

SERFF Tracking Number: GRAX-G126994003 State: Arkansas
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TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1074511NW

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/21/2011	01/21/2011

SERFF Tracking Number: GRAX-G126994003 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 47749
Company Tracking Number: P1074511NW
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1074511NW

Disposition

Disposition Date: 01/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G126994003 State: Arkansas
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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
Form	Individual Deferred Annuity Contract - Insert Pages		Yes

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Form Schedule

Lead Form Number: P1074511NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1074511NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1074511NW .PDF

CONTRACT SPECIFICATIONS

OWNER: [JOHN DOE]

AGE OF OWNER AS OF CONTRACT EFFECTIVE DATE: [35]

[JOINT OWNER]: [N/A]

[AGE OF JOINT OWNER AS OF CONTRACT EFFECTIVE DATE:] [N/A]

ANNUITANT: [JOHN DOE]

CONTRACT NUMBER: [000000000]

TAX-QUALIFIED CONTRACT: [YES-QUALIFICATION ENDORSEMENT INCLUDED][NO]

CONTRACT EFFECTIVE DATE: [FEBRUARY 01, 2009]

ANNUITY COMMENCEMENT DATE: [FEBRUARY 1, 2069]

INTEREST STRATEGY APPLICATION DATE: [The 6th and the 20th day of each month]

ACCOUNT VALUE PAYMENT PERIOD: [7 years]

MINIMUM REQUIRED VALUE: [\$5,000]

PURCHASE PAYMENT PERIOD: [FIRST 2 MONTHS OF CONTRACT]

MINIMUM PURCHASE PAYMENT: [\$10,000 for the initial Purchase Payment, and \$3,000 for any
[other Purchase Payment]

MAXIMUM TOTAL PURCHASE PAYMENTS: [\$750,000]

[PURCHASE PAYMENT BONUS:] [2%]

EARLY WITHDRAWAL CHARGE SCHEDULE:

Contract Year*	1	2	3	4	5	6	7	8	9	10	11+
Early Withdrawal Charge*	10%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

*The Early Withdrawal Charge will decrease by 1/12th of one percent (1%) on each monthly anniversary of the Contract Effective Date

GMSV Factor: [100%]

GMSV Rate: [2.00%]

GUARANTEED MINIMUM DECLARED RATE: [2.00%]

INITIAL INTEREST STRATEGY(IES):

Declared Rate Strategy

[Term:]

[One Year Annual Point-to-Point Indexed Strategy]

[Term:]

[Valuation Dates:]

[Initial Bailout Cap(s):]

[Minimum Floor:]

[One Year Monthly Average Indexed Strategy]

[Term:]

[Valuation Dates:]

[Initial Bailout Cap(s):]

[Minimum Floor:]

Initial Selection

Guaranteed Values

[15%]

[1 Year]

[15%]

[1 Year]

[End of Term]

[Cap for each initial
Term minus 2.00]

[0%]

[70%]

[1 Year]

[12 monthly
anniversaries of first
day of Term]

[Cap for each initial
Term minus 1.00]

[0%]

The Index used for Indexed Strategies available under this Contract is the Standard & Poor's 500[®] Index. It excludes any dividends that may be paid by the firms that comprise the Index.

The [Safe Return] is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owners of the [Safe Return] or any member of the public regarding the advisability of investing in securities generally or in the [Safe Return] particularly or the ability of the S&P 500[®] index (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to Great American Life Insurance Company is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to Great American Life Insurance Company or [Safe Return]. S&P and its third party licensors have no obligation to take the needs of Great American Life Insurance Company or the owners of the [Safe Return] into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the [Safe Return] or the timing of the issuance or sale of the [Safe Return] or in the determination or calculation of the equation by which the [Safe Return] is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the [Safe Return].

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INQUIRIES: For information and assistance, or to make a complaint, call or write:

Policyowner Service Department
Great American Life Insurance Company
P.O. Box 5420
Cincinnati, Ohio 45201-5420
1-800-854-3649

If you prefer, you may visit us at our website, www.GAFRI.com

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Product Name: Annuity Individual Fixed
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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	513-361-5967	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	P1074511NW
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7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
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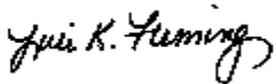
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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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>Insert Pages</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	01/19/11
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>Enclosed for your review and approval, please find the form referenced above. This insert page will revise part of the specification pages for contract form numbers P1074509NW, which was approved for use in your state on 05/05/09, under filing number 42226. This insert page has not 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>The following changes have been made to the specification page of the annuity contract referenced above.</p> <ol style="list-style-type: none"> 1. Removed current S&P disclosure and company contact information from page 3. 2. Changed form number on page 3 to P1074511NW. 3. Added page 3-1 with new S&P disclosure and company contact information. 		

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>Compliance Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>01/19/11</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	P1074511NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Deferred Annuity Contract - Insert Pages	P1074511NW	<input checked="" 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

January 19, 2011

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
P1074511NW Individual Deferred Annuity Contract - Insert Pages

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This insert page will revise part of the specification pages for contract form numbers P1074509NW, which was approved for use in your state on 05/05/09, under filing number 42226. This insert page has not 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.

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1. Removed current S&P disclosure and company contact information from page 3.
2. Changed form number on page 3 to P1074511NW.
3. Added page 3-1 with new S&P disclosure and company contact information.

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
Compliance Filing Specialist

JULI K. FLEMING , COMPLIANCE FILING SPECIALIST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 361-5967 FAX