

SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
 Company Tracking Number: P1406211NW ET AL  
 TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/P1406211NW et al

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G127018989 State: Arkansas  
 TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved-Closed State Tr Num: 47896  
 Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1406211NW ET AL State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Author: SPI Disposition Date: 02/16/2011  
 GreatAmericanFinancialRes  
 Date Submitted: 02/04/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: Annuity Individual Fixed Status of Filing in Domicile: Authorized  
 Project Number: P1406211NW et al Date Approved in Domicile: 01/25/2011  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type:  
 Submission Type: New Submission Overall Rate Impact:  
 Filing Status Changed: 02/16/2011  
 State Status Changed: 02/16/2011 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 forms referenced above. These insert pages will revise the specification pages for contract form numbers P1406205NW and P1406305NW, which were approved for use in your state on 12/05/05, under filing number 31254. These insert pages have 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 pages of the annuity contracts referenced above.

SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
 Company Tracking Number: P1406211NW ET AL  
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/P1406211NW et al

1. The indexed strategies have been removed from page 2 in contract form number P1406205NW.
2. The indexed strategies and S&P disclosure have been removed from page 2 in contract form number P1406305NW.
3. The form numbers on page 2 have been changed to P1406211NW and P1406311NW.
4. Page 2-2 has been added to the contracts, which will contain the indexed strategies.
5. Page 2-3 has been added to the contracts, which will contain the S&P disclosure.
6. The S&P disclosure has been removed from page 3 in contract form number P1406205NW.
7. The form number on page 3 has been changed to P1406211NW. (No changes were made to page 3 of contract form number P1406305NW.)

## 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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$100.00	02/04/2011	44394140

SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
Company Tracking Number: P1406211NW ET AL  
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/P1406211NW et al

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/16/2011	02/16/2011

*SERFF Tracking Number:* GRAX-G127018989      *State:* Arkansas  
*Filing Company:* Great American Life Insurance Company      *State Tracking Number:* 47896  
*Company Tracking Number:* P1406211NW ET AL  
*TOI:* A071 Individual Annuities - Special      *Sub-TOI:* A071.001 Equity Indexed  
*Product Name:* Annuity Individual Fixed  
*Project Name/Number:* Annuity Individual Fixed/P1406211NW et al

## **Disposition**

Disposition Date: 02/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
 Company Tracking Number: P1406211NW ETAL  
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/P1406211NW et al

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
Form	Individual Deferred Annuity Contract - Insert Pages		Yes

SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
 Company Tracking Number: P1406211NW ET AL  
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/P1406211NW et al

## Form Schedule

### Lead Form Number: P1406211NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1406211NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1406211NW .PDF
	P1406311NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1406311NW .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]

**AGE OF ANNUITANT AS OF CONTRACT EFFECTIVE DATE:** [35]

**CONTRACT NUMBER:** [000000000]

**CONTRACT EFFECTIVE DATE:** [SEPTEMBER 01, 2005]

**ANNUITY COMMENCEMENT DATE:** [SEPTEMBER 01, 2055]

**INTEREST STRATEGY APPLICATION DATE:** [Either the 6th or 20th day of each Month]

**ACCOUNT VALUE PAYMENT PERIOD:** [7 years]

**SURRENDER CHARGE RATE SCHEDULE:**

**If eldest Owner age set out above is 18-57:**

<b>Contract Year</b>	1	2	3	4	5	6	7	8	9	10	11+
<b>Surrender Charge Rate*</b>	12%	11%	10%	9%	8%	7%	6%	5%	4%	3%	0%

\*The Surrender Charge Rate will decrease by 1/12th of the difference between the rate for the current Contract Year and the next Contract Year each month during a Contract Year

**If eldest Owner age set out above is age 58 and above:**

<b>Contract Year</b>	1	2	3	4	5	6	7	8	9	10	11+
<b>Surrender Charge Rate*</b>	10%	9%	8%	7%	6%	5%	4%	3%	2%	1%	0%

\*The Surrender Charge Rate will decrease by 1/12th of one percent (1%) each month during a Contract Year

**GMSV Factor:** [100%]

**GMSV Rate:** [2.75%]

**GUARANTEED MINIMUM DECLARED RATE:** [2.75%]

**[PURCHASE PAYMENT BONUS:** [0%]]

<b>INITIAL INTEREST STRATEGY(IES):</b>	<b>Initial Selection</b>	<b>Guaranteed Values</b>
<b>Declared Rate Strategy</b>	[20%]	
Term:		[1 Year]
<b>[[One Year Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		[1 Year]
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[0%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[1%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[2%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[3%]
Maximum Index Spread:		[0%]

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

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**TABLE OF GUARANTEED VALUES:**

This table shows the Guaranteed Minimum Surrender Value as of the end of the Contract Years shown, assuming:

- 1) a Purchase Payment of \$1,000 is received by us on the Contract Effective Date and on each Contract Anniversary thereafter;
- 2) no other amounts have been received by us;
- 3) no amounts have been withdrawn or surrendered; and
- 4) no premium tax or other tax has been paid.

End of Contract Year	Guaranteed Minimum Surrender Value	End of Contract Year	Guaranteed Minimum Surrender Value
1	[\$ 925.47	21	\$28,685.56
2	1,895.20	22	30,501.91
3	2,910.67	23	32,368.22
4	3,973.39	24	34,285.84
5	5,084.96	25	36,256.20
6	6,246.99	26	38,280.75
7	7,461.16	27	40,360.97
8	8,729.22	28	42,498.40
9	10,052.95	29	44,694.60
10	11,644.41	30	46,951.21
11	12,992.13	31	49,269.86
12	14,376.92	32	51,652.28
13	15,799.78	33	54,100.22
14	17,261.78	34	56,615.48
15	18,763.97	35	59,199.90
16	20,307.48	36	61,855.40
17	21,893.44	37	64,583.93
18	23,523.01	38	67,387.48
19	25,197.39	39	70,268.14
20	26,917.82	40	73,228.01]

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

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

**CONTRACT SPECIFICATIONS**

**OWNER:** [JOHN DOE]

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

**CONTRACT NUMBER:** [000000000]

**CONTRACT EFFECTIVE DATE:** [SEPTEMBER 01, 2005]

**ANNUITY COMMENCEMENT DATE:** [SEPTEMBER 01, 2055]

**INTEREST STRATEGY APPLICATION DATE:** [Either the 6th or 20th day of each Month]

**ACCOUNT VALUE PAYMENT PERIOD:** [7 years]

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**If eldest Owner age set out above is 18-57:**

<b>Contract Year</b>	1	2	3	4	5	6	7	8	9	10	11+
<b>Surrender Charge Rate*</b>	12%	11%	10%	9%	8%	7%	6%	5%	4%	3%	0%

\*The Surrender Charge Rate will decrease by 1/12th of the difference between the rate for the current Contract Year and the next Contract Year each month during a Contract Year

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<b>Contract Year</b>	1	2	3	4	5	6	7	8	9	10	11+
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\*The Surrender Charge Rate will decrease by 1/12th of one percent (1%) each month during a Contract Year

**GMSV Factor:** [100%]

**GMSV Rate:** [2.75%]

**GUARANTEED MINIMUM DECLARED RATE:** [2.75%]

**[PURCHASE PAYMENT BONUS:** [0%]]

<b>INITIAL INTEREST STRATEGY(IES):</b>	<b>Initial Selection</b>	<b>Guaranteed Values</b>
<b>Declared Rate Strategy</b>	[20%]	
Term:		[1 Year]
<b>[[One Year Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		[1 Year]
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[0%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[1%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[2%]
Maximum Index Spread:		[0%]
<b>[[Annual Point-to-Point Indexed Strategy]</b>	[20%]	
Term:		1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[3%]
Maximum Index Spread:		[0%]

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

[The [American Icon II] 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 [American Icon II] or any member of the public regarding the advisability of investing in securities generally or in the [American Icon II] particularly or the ability of the S&P 500<sup>®</sup> 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 [American Icon II]. 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 [American Icon II] 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 [American Icon II] or the timing of the issuance or sale of the [American Icon II] or in the determination or calculation of the equation by which the [American Icon II] is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the [American Icon II].

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SERFF Tracking Number: GRAX-G127018989 State: Arkansas  
Filing Company: Great American Life Insurance Company State Tracking Number: 47896  
Company Tracking Number: P1406211NW ET AL  
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/P1406211NW et al

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
<b>Comments:</b>		
<b>Attachments:</b>		
AR - NAIC TRANSMITTAL DOCUMENT.PDF		
AR - NAIC FORM FILING ATTACHMENT.PDF		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b>		
Cover Letter.PDF		

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

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

<b>5. Requested Filing Mode</b>	<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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<b>6. Company Tracking Number</b>	P1406211NW et al
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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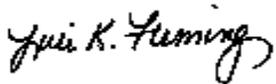
<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	

<b>9. Type of Insurance</b>	A07I Individual Annuities - Special
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<b>10. Product Coding Matrix Filing Code</b>	A07I.001 Equity Indexed
----------------------------------------------	-------------------------

<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <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"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____
	<b>SUPPORTING DOCUMENTATION</b> <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.	<b>Filing Submission Date</b>	02/04/11
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	01/25/11
15.	<b>Filing Description:</b>	
<p>Enclosed for your review and approval, please find the forms referenced above. These insert pages will revise the specification pages for contract form numbers P1406205NW and P1406305NW, which were approved for use in your state on 12/05/05, under filing number 31254. These insert pages have 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 pages of the annuity contracts referenced above.</p> <ol style="list-style-type: none"> <li>1. The indexed strategies have been removed from page 2 in contract form number P1406205NW.</li> <li>2. The indexed strategies and S&amp;P disclosure have been removed from page 2 in contract form number P1406305NW.</li> <li>3. The form numbers on page 2 have been changed to P1406211NW and P1406311NW.</li> <li>4. Page 2-2 has been added to the contracts, which will contain the indexed strategies.</li> <li>5. Page 2-3 has been added to the contracts, which will contain the S&amp;P disclosure.</li> <li>6. The S&amp;P disclosure has been removed from page 3 in contract form number P1406205NW.</li> <li>7. The form number on page 3 has been changed to P1406211NW. (No changes were made to page 3 of contract form number P1406305NW.)</li> </ol>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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>02/04/11</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	P1406211NW et al	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Individual Deferred Annuity Contract - Insert Pages	P1406211NW	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Individual Deferred Annuity Contract - Insert Pages	P1406311NW	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

February 4, 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  
P1406211NW Individual Deferred Annuity Contract - Insert Pages  
P1406311NW Individual Deferred Annuity Contract - Insert Pages

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the forms referenced above. These insert pages will revise part of the specification pages for contract form numbers P1406205NW and P1406305NW, which were approved for use in your state on 12/05/05, under filing number 31254. These insert pages have 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 pages of the annuity contracts referenced above.

1. The indexed strategies have been removed from page 2 in contract form number P1406205NW.
2. The indexed strategies and S&P disclosure have been removed from page 2 in contract form number P1406305NW.
3. The form numbers on page 2 have been changed to P1406211NW and P1406311NW.
4. Page 2-2 has been added to the contracts, which will contain the indexed strategies.
5. Page 2-3 has been added to the contracts, which will contain the S&P disclosure.
6. The S&P disclosure has been removed from page 3 in contract form number P1406205NW.
7. The form number on page 3 has been changed to P1406211NW. (No changes were made to page 3 of contract form number P1406305NW.)

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](mailto: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**