

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 47838
Company Tracking Number: P1406011NW ET AL
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G127009929 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved-Closed State Tr Num: 47838
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1406011NW ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 04/25/2011
GreatAmericanFinancialRes
Date Submitted: 01/30/2011 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: P1406011NW 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: 04/25/2011
State Status Changed: 02/02/2011 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 P1406005NW and P1406105NW, which were approved for use in your state on 02/06/06, under filing number 64332. 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-G127009929 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47838
 Company Tracking Number: P1406011NW ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1406011NW et al

1. Removed the index strategies from page 2. All index strategies will now appear on page 2-1.
2. Removed S&P Disclosure from page 2 on contract form P1406105NW, and from page 3 on contract form P1406005NW.
3. Changed form number on page 2 to P1406011NW and P1406111NW, respectively.
4. Added page 2-2 with the new S&P Disclosure for both contracts. The form numbers on these pages will be P1406011NW and P1406111NW, respectively.
5. Changed form number on page 3 of contract form P1406005NW to P1406011NW. Page 3 not affected in contract form P1406105NW.
6. Page number 2-1 was not affected on either contract. Form numbers on page 2-1 will remain P1406008NW and P1406108NW, respectively.

Company and Contact

Filing Contact Information

Juli Fleming, Compliance Filing Specialist jffleming@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: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$100.00	01/30/2011	44188283

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47838
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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/P1406011NW et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/25/2011	04/25/2011
Approved-Closed	Linda Bird	02/02/2011	02/02/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Individual Deferred Annuity Contract - Insert Page 2-1	SPI GreatAmericanFinancialRes	04/22/2011	04/22/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Corrections	Note To Filer	Linda Bird	04/22/2011	04/22/2011
Correction	Note To Reviewer	SPI GreatAmericanFinancialRes	04/22/2011	04/22/2011

SERFF Tracking Number: GRAX-G127009929 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 47838
Company Tracking Number: P1406011NW ET AL
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Disposition

Disposition Date: 04/25/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has made changes on page 2-1 and the form number has been changed to P1406111NW.

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47838
 Company Tracking Number: P1406011NW ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1406011NW 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
Form	Individual Deferred Annuity Contract - Insert Page 2-1		Yes

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 47838
Company Tracking Number: P1406011NW ET AL
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Disposition

Disposition Date: 02/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47838
 Company Tracking Number: P1406011NW ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1406011NW 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
Form	Individual Deferred Annuity Contract - Insert Page 2-1		Yes

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 47838
 Company Tracking Number: P1406011NW ET AL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Amendment Letter

Submitted Date: 04/22/2011

Comments:

Thank you for re-opening this filing.

Page 2-1, with corresponding form number P1406108NW, was recently attached as part of an insert page filing for form numbers P1406011NW and P1406111NW. These insert pages were approved for use in your state on 02/02/11, under file number GRAX-G127009929. In the cover letter for this filing we stated that no changes were made to page 2-1 and the form number would remain P1406108NW. This information was incorrect. The Standard & Poor disclosure was removed from page 2-1 and placed on page 2-2.

Enclosed you will find page 2-1 for your review. The S&P disclosure has been removed from this page, and the form number has been changed to P1406111NW. Page 2-1, form number P1406111NW, will only be used with contract form number P1406105NW.

No changes were necessary for page 2-1, form number P1406008NW.

Thank you again for your cooperation,
 Juli

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
P1406111NW	Policy/Contract/Fraternal Certificate: Annuity Amendment, Contract - Insert Page, Endorsement or Rider	Individual Deferred Annuity Insert Page 2-1	Revised				0.000	P1406111NW Pg 2-1.PDF

SERFF Tracking Number: GRAX-G127009929 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 47838
Company Tracking Number: P1406011NW ET AL
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Note To Filer

Created By:

Linda Bird on 04/22/2011 10:34 AM

Last Edited By:

Linda Bird

Submitted On:

04/22/2011 10:34 AM

Subject:

Corrections

Comments:

Filing has been re-opened in order for correction to be made.

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 47838
Company Tracking Number: P1406011NW ET AL
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Note To Reviewer

Created By:

SPI GreatAmericanFinancialRes on 04/22/2011 10:11 AM

Last Edited By:

SPI GreatAmericanFinancialRes

Submitted On:

04/22/2011 10:11 AM

Subject:

Correction

Comments:

Good morning,

We discovered an error on page 2-1, form number P1406108NW, which was included with this filing. We indicated in our cover letter that this page had not changed. This was incorrect. A change was made to this page, which necessitated a change in the form number. These revised pages have not yet been implemented.

How would you like this correction handled? Would you like it filed as a new filing, for approval or informational?

Thank you.

Juli Fleming

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
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 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1406011NW et al

Form Schedule

Lead Form Number: P1406011NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1406011NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1406011NW.PDF
	P1406111NW	Certificate	Individual Deferred Annuity Contract - t, Insert Page, Endorsement or Rider	Initial		0.000	P1406111NW.PDF
	P1406111NW	Policy/Contract/Fratern	Individual Deferred Annuity Contract - al Insert Page 2-1 Certificate: Amendment, Insert Page, Endorsement or Rider	Revised	Replaced Form #: Previous Filing #:	0.000	P1406111NW Pg 2-1.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 57 and below:

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

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

Contract Year	1	2	3	4	5	6	7	8+
Surrender Charge Rate	9%	8%	7%	6%	5%	4%	3%	0%

GMSV Factor: [100%]

GMSV Rate: [3%]

GUARANTEED MINIMUM DECLARED RATE: [2.75%]

[PURCHASE PAYMENT BONUS: [0%]]

INITIAL INTEREST STRATEGY(IES):

Declared Rate Strategy

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

Initial Selection Guaranteed Values

[20%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[0%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[1%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[2%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[3%]

[0%]

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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	[\$ 918.70	21	\$29,536.78
2	1,884.04	22	31,452.88
3	2,897.65	23	33,426.47
4	3,961.20	24	35,459.26
5	5,076.43	25	37,553.04
6	6,245.12	26	39,709.63
7	7,469.13	27	41,930.92
8	9,159.10	28	44,218.85
9	10,463.87	29	46,575.41
10	11,807.79	30	49,002.67
11	13,192.02	31	51,502.75
12	14,617.79	32	54,077.84
13	16,086.32	33	56,730.17
14	17,598.91	34	59,462.08
15	19,156.88	35	62,275.94
16	20,761.58	36	65,174.22
17	22,414.43	37	68,159.44
18	24,116.86	38	71,234.23
19	25,870.37	39	74,401.25
20	27,676.48	40	77,663.29]

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]

SURRENDER CHARGE RATE SCHEDULE:

If eldest Owner age set out above is 57 and below:

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

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

Contract Year	1	2	3	4	5	6	7	8+
Surrender Charge Rate	9%	8%	7%	6%	5%	4%	3%	0%

GMSV Factor: [100%]

GMSV Rate: [3%]

GUARANTEED MINIMUM DECLARED RATE: [2.75%]

[PURCHASE PAYMENT BONUS: [0%]]

INITIAL INTEREST STRATEGY(IES):

Declared Rate Strategy

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

[[Annual Point-to-Point Indexed Strategy]

Term:

Segment:

Valuation Dates:

Minimum Participation Rate:

Minimum Cap:

Minimum Floor:

Maximum Index Spread:

Initial Selection Guaranteed Values

[20%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[0%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[1%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[2%]

[0%]

[20%]

1 Year

[1 Year]

[End of Segment]

[100%]

[3%]

[3%]

[0%]

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INITIAL INTEREST STRATEGY(IES):

Declared Rate Strategy

[[Annual Point-to-Point Indexed Strategy]

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%]

[[Annual Point-to-Point Indexed Strategy]

Term:	[20%]	1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[1%]
Maximum Index Spread:		[0%]

[[Annual Point-to-Point Indexed Strategy]

Term:	[20%]	1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[2%]
Maximum Index Spread:		[0%]

[[Annual Point-to-Point Indexed Strategy]

Term:	[20%]	1 Year
Segment:		[1 Year]
Valuation Dates:		[End of Segment]
Minimum Participation Rate:		[100%]
Minimum Cap:		[3%]
Minimum Floor:		[3%]
Maximum Index Spread:		[0%]

Initial Selection Guaranteed Values

[20%]

[20%]

[20%]

[20%]

[20%]

SERFF Tracking Number: GRAX-G127009929 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 47838
Company Tracking Number: P1406011NW ET AL
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1406011NW et al

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
-----------	----------------------------------	----------

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	P1406011NW et al
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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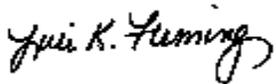
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <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	01/30/11
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	01/24/11
15.	Filing Description:	
<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 P1406005NW and P1406105NW, which were approved for use in your state on 02/06/06, under filing number 64332. 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"> 1. Removed the index strategies from page 2. All index strategies will now appear on page 2-1. 2. Removed S&P Disclosure from page 2 on contract form P1406105NW, and from page 3 on contract form P1406005NW. 3. Changed form number on page 2 to P1406011NW and P1406111NW, respectively. 4. Added page 2-2 with the new S&P Disclosure for both contracts. The form numbers on these pages will be P1406011NW and P1406111NW, respectively. 5. Changed form number on page 3 of contract form P1406005NW to P1406011NW. Page 3 not affected in contract form P1406105NW. 6. Page number 2-1 was not affected on either contract. Form numbers on page 2-1 will remain P1406008NW and P1406108NW, respectively. 		

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>01/30/11</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	P1406011NW et al	
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	P1406011NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Individual Deferred Annuity Contract - Insert Pages	P1406111NW	<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

January 30, 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
P1406011NW Individual Deferred Annuity Contract - Insert Pages
P1406111NW 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 the specification pages for contract form numbers P1406005NW and P1406105NW, which were approved for use in your state on 02/06/06, under filing number 64332. 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:

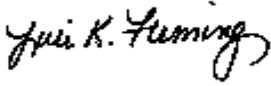
1. Removed the index strategies from page 2. All index strategies will now appear on page 2-1.
2. Removed S&P Disclosure from page 2 on contract form P1406105NW, and from page 3 on contract form P1406005NW.
3. Changed form number on page 2 to P1406011NW and P1406111NW, respectively.
4. Added page 2-2 with the new S&P Disclosure for both contracts. The form numbers on these pages will be P1406011NW and P1406111NW, respectively.
5. Changed form number on page 3 of contract form P1406005NW to P1406011NW. Page 3 not affected in contract form P1406105NW.
6. Page number 2-1 was not affected on either contract. Form numbers on page 2-1 will remain P1406008NW and P1406108NW, respectively.

With this information, I look forward to receiving a favorable response to this filing.

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

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,

A handwritten signature in black ink that reads "Juli K. Fleming". The signature is written in a cursive, flowing style.

Juli K. Fleming
Compliance Filing Specialist