

SERFF Tracking Number: GRAX-G127191343 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 48933
Company Tracking Number: P1029911NW ET AL
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1029911NW et al

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G127191343 State: Arkansas
TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved-Closed State Tr Num: 48933
Sub-TOI: A07I.001 Equity Indexed Co Tr Num: P1029911NW ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: SPI Disposition Date: 06/08/2011
GreatAmericanFinancialRes
Date Submitted: 05/31/2011 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: P1029911NW et al Date Approved in Domicile: 03/14/2011
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 06/08/2011
State Status Changed: 06/08/2011 Deemer Date:
Created By: SPI GreatAmericanFinancialRes Submitted By: SPI GreatAmericanFinancialRes
Corresponding Filing Tracking Number:
Filing Description:

Enclosed for your review and approval are revised supplemental specification pages for contract form numbers P1029904NW and P1030004NW, which were approved for use in your state on 02/07/05, under filing number 28571. 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-G127191343 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 48933
 Company Tracking Number: P1029911NW ETAL
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1029911NW et al

1. Added "****" to all instances of "S&P 500®" on page ia.
2. Added page ib with the disclosure required by Standard & Poor.
3. Changed the form number on both pages to P1029911NW and P1030011NW, respectively.

Please accept this letter as certification that no other changes have been made to the form.

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? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$100.00	05/31/2011	48177176

SERFF Tracking Number: GRAX-G127191343 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2011	06/08/2011

SERFF Tracking Number: GRAX-G127191343 *State:* Arkansas
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Disposition

Disposition Date: 06/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127191343 State: Arkansas
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 Project Name/Number: Annuity Individual Fixed/P1029911NW 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 Page		Yes
Form	Individual Deferred Annuity Contract - Insert Page		Yes

SERFF Tracking Number: GRAX-G127191343 State: Arkansas
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Form Schedule

Lead Form Number: P1029911NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P1029911NW	Policy/Cont	Individual Deferred Annuity Contract - al Insert Page Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	P1029911NW.PDF
	P1030011NW	Policy/Cont	Individual Deferred Annuity Contract - al Insert Page Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	P1030011NW.PDF

SUPPLEMENTAL CONTRACT SPECIFICATIONS

CONTRACT NUMBER: [000000000]

INTEREST STRATEGY(IES):

Strategy Effective Date: [SEPTEMBER 1, 2007]

DECLARED RATE STRATEGY(IES)	
Amount Applied*	[\$]
Term	[1 Year]
	Current**
Declared Interest Rate	[3.0%]
[Amount Applied*]	[\$]
[Term]	[2 Years]
	[Current**]
[Declared Interest Rate]	[2.50%]

INDEXED STRATEGY(IES)		
Amount Applied*	[\$]	
Index	[S&P 500 [®] **]	
Beginning Index Value**	[1000.00]	
Index Method	[Point-to-Point]	
Term	[1 year]	
	Current**	Guaranteed
Base Interest Rate	[0%]	No less than [0%]
Participation Rate	[100%]	No less than [60%]
Index Factor	[0%]	No greater than [2%]
Cap	[10%]	No less than [4%]
[Amount Applied*]	[\$]	
[Index]	[S&P 500 [®] **]	
[Beginning Index Value**]	[1000.00]	
[Index Method]	[Point-to-Point]	
[Term]	[1 Year]	
	[Current**]	[Guaranteed]
[Base Interest Rate]	[1%]	[No less than 0%]
[Participation Rate]	[100%]	[No less than 80%]
[Index Factor]	[0%]	[No greater than 1%]
[Cap]	[8%]	[No less than 5%]

* Amount Applied is based on the Account Value as of the Strategy Effective Date, stated above.

** Rates, Factors, Caps and Values are shown as of the Strategy Effective Date, stated above.

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CONTRACT NUMBER: [000000000]

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Strategy Effective Date: [SEPTEMBER 1, 2007]

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Amount Applied*	[\$]
Term	[1 Year]
	Current**
Declared Interest Rate	[3.0%]
[Amount Applied*]	[\$]
[Term]	[2 Years]
	[Current**]
[Declared Interest Rate]	[2.50%]

INDEXED STRATEGY(IES)		
Amount Applied*	[\$]	
Index	[S&P 500 [®] **]	
Beginning Index Value**	[1000.00]	
Index Method	[Point-to-Point]	
Term	[1 year]	
	Current**	Guaranteed
Base Interest Rate	[0%]	No less than [0%]
Participation Rate	[100%]	No less than [60%]
Index Factor	[0%]	No greater than [2%]
Cap	[10%]	No less than [4%]
[Amount Applied*]	[\$]	
[Index]	[S&P 500 [®] **]	
[Beginning Index Value**]	[1000.00]	
[Index Method]	[Point-to-Point]	
[Term]	[1 Year]	
	[Current**]	[Guaranteed]
[Base Interest Rate]	[1%]	[No less than 0%]
[Participation Rate]	[100%]	[No less than 80%]
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 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/P1029911NW et al

Supporting Document Schedules

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

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

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to this filing.		
Comments:		

	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:		

SERFF Tracking Number: GRAX-G127191343 *State:* Arkansas
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Company Tracking Number: P1029911NW ET AL
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/P1029911NW et al

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): _____
--------------------------	--

6. Company Tracking Number	P1029911NW et al
----------------------------	------------------

7. <input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____
---	---------------------------------------	-----------------------

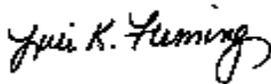
8. Market	Group	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____			

9. Type of Insurance	A07I Individual Annuities - Special
----------------------	-------------------------------------

10. Product Coding Matrix Filing Code	A07I.001 Equity Indexed
---------------------------------------	-------------------------

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	05/31/11
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	03/14/11
15.	Filing Description:	
<p>Enclosed for your review and approval are revised supplemental specification pages for contract form numbers P1029904NW and P1030004NW, which were approved for use in your state on 02/07/05, under filing number 28571. 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. Added "****" to all instances of "S&P 500®" on page ia. 2. Added page ib with the disclosure required by Standard & Poor. 3. Changed the form number on both pages to P1029911NW and P1030011NW, respectively. <p>Please accept this letter as certification that no other changes have been made to the form.</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>Compliance Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>05/31/11</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	P1029911NW 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 Page	P1029911NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Individual Deferred Annuity Contract - Insert Page	P1030011NW	<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

May 31, 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
P1029911NW Individual Deferred Annuity Contract - Insert Page
P1030011NW Individual Deferred Annuity Contract - Insert Page

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval are revised supplemental specification pages for contract form numbers P1029904NW and P1030004NW, which were approved for use in your state on 02/07/05, under filing number 28571. 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.

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2. Added page ib with the disclosure required by Standard & Poor.
3. Changed the form number on both pages to P1029911NW and P1030011NW, respectively.

Please accept this letter as certification that no other changes have been made to the form.

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