

SERFF Tracking Number: GRAX-G127321361 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number: 49298  
 Company Tracking Number: PGTLU97NW1 ET AL.  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Life Individual Universal  
 Project Name/Number: Life Individual Universal/PGTLU97NW1 et al.

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life Individual Universal	SERFF Tr Num: GRAX-G127321361	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 49298
Sub-TOI: L09I.001 Single Life	Co Tr Num: PGTLU97NW1 ET AL.	State Status: Filed-Closed
Filing Type: Form	Author: SPI GreatAmericanFinancialRes	Reviewer(s): Linda Bird Disposition Date: 07/19/2011
	Date Submitted: 07/14/2011	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested:		Implementation Date:

State Filing Description:

## General Information

Project Name: Life Individual Universal	Status of Filing in Domicile: Pending
Project Number: PGTLU97NW1 et al.	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 07/19/2011
	State Status Changed: 07/19/2011
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	
Please be advised that we will be increasing the current cost of insurance rates for two universal life insurance policies, PGTLU97NW1 and PCVAU98NW1, effective October 1, 2011. The new current cost of insurance rates will not exceed the guaranteed cost of insurance rates that have been filed with your department. Please see the chart below for the approval dates for the original policy and most recent rate filing for these two forms.	

Form Number	Approval Date
PGTLU97NW1	10/22/97

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 Product Name: Life Individual Universal  
 Project Name/Number: Life Individual Universal/PGTLU97NW1 et al.  
 PGTLU97NW1 Revised Rates 12/28/99  
 PCVAU98NW1 4/10/98  
 PCVAU98NW1 Revised Rates 12/13/99

The increase in the cost of insurance rates will only affect our in force policies. Neither of these policies is currently being issued.

## Company and Contact

### Filing Contact Information

Vera Ray, Senior Compliance Filing Manager vray@gafri.com  
 P. O. Box 5420 513-412-2719 [Phone] 12719 [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: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	07/14/2011	49787003

<i>SERFF Tracking Number:</i>	<i>GRAX-G127321361</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49298</i>
<i>Company Tracking Number:</i>	<i>PGTLU97NW1 ET AL.</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>Life Individual Universal</i>		
<i>Project Name/Number:</i>	<i>Life Individual Universal/PGTLU97NW1 et al.</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Accepted For Informational Purposes	Linda Bird	07/19/2011	07/19/2011

*SERFF Tracking Number:* GRAX-G127321361      *State:* Arkansas  
*Filing Company:* Great American Life Insurance Company      *State Tracking Number:* 49298  
*Company Tracking Number:* PGTLU97NW1 ET AL.  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Life Individual Universal  
*Project Name/Number:* Life Individual Universal/PGTLU97NW1 et al.

## **Disposition**

Disposition Date: 07/19/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Yes	Yes

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Not applicable to this notification filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this notification filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable to this notification filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable to this notification filing.		
<b>Comments:</b>		

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

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**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



LIFE INSURANCE COMPANY

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

July 14, 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: Great American Life Insurance Company  
COI Rate Increase Flexible Premium Adjustable Life Insurance Policy (Form number PGTLU97NW1)  
Flexible Premium Adjustable Life Insurance Policy (Form number PCVAU98NW1)

Dear Insurance Commissioner Bradford:

Please be advised that we will be increasing the current cost of insurance rates for two universal life insurance policies, PGTLU97NW1 and PCVAU98NW1, effective October 1, 2011. The new current cost of insurance rates will not exceed the guaranteed cost of insurance rates that have been filed with your department. Please see the chart below for the approval dates for the original policy and most recent rate filing for these two forms.

<u>Form Number</u>	<u>Approval Date</u>
PGTLU97NW1	10/22/97
PGTLU97NW1 Revised Rates	12/28/99
PCVAU98NW1	4/10/98
PCVAU98NW1 Revised Rates	12/13/99

The increase in the cost of insurance rates will only affect our in force policies. Neither of these policies is currently being issued.

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 vray@gafri.com.

Sincerely,

Vera L. Ray, FLMI, AIRC, ACS  
Senior Compliance Filing Manager

**VERA L. RAY, FLMI, AIRC, ACS, SENIOR COMPLIANCE FILING MANAGER**  
**(800) 854-3649 (TOLL FREE - EXT. 12719)**  
**(513) 412-2719 (DIRECT DIAL) \* (513) 361-5967 FAX**

**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	L	0084	63312	13-1935920	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Vera L. Ray, FLMI, AIRC, ACS P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 12719	513-361-5967	vray@gafri.com

<b>5. Requested Filing Mode</b>	<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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<b>6. Company Tracking Number</b>	PGTLU97NW1 et al.
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<b>7. <input checked="" type="checkbox"/> New Submission</b>	<input type="checkbox"/> Resubmission	Previous file # _____
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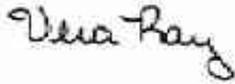
<b>8. Market</b>	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Franchise		
	Group	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large
		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket
		<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust	
		<input type="checkbox"/> Other: _____		

<b>9. Type of Insurance</b>	L09I Individual Life - Flexible Premium Adjustable Life
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<b>10. Product Coding Matrix Filing Code</b>	L09I.001 Single Life
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<b>11. Submitted Documents</b>	<input 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 type="checkbox"/> Other: _____
	<input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input checked="" type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: <u>Current COI Rate Increase Notification</u>
	<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>	7/14/11										
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____										
14.	<b>Date of Domiciliary Approval</b>	Pending										
15.	<b>Filing Description:</b>											
<p>Please be advised that we will be increasing the current cost of insurance rates for two universal life insurance policies, PGTLU97NW1 and PCVAU98NW1, effective October 1, 2011. The new current cost of insurance rates will not exceed the guaranteed cost of insurance rates that have been filed with your department. Please see the chart below for the approval dates for the original policy and most recent rate filing for these two forms.</p> <table border="0"> <thead> <tr> <th>Form Number</th> <th>Approval Date</th> </tr> </thead> <tbody> <tr> <td>PGTLU97NW1</td> <td>10/22/97</td> </tr> <tr> <td>PGTLU97NW1 Revised Rates</td> <td>12/28/99</td> </tr> <tr> <td>PCVAU98NW1</td> <td>4/10/98</td> </tr> <tr> <td>PCVAU98NW1 Revised Rates</td> <td>12/13/99</td> </tr> </tbody> </table> <p>The increase in the cost of insurance rates will only affect our in force policies. Neither of these policies is currently being issued.</p>			Form Number	Approval Date	PGTLU97NW1	10/22/97	PGTLU97NW1 Revised Rates	12/28/99	PCVAU98NW1	4/10/98	PCVAU98NW1 Revised Rates	12/13/99
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PCVAU98NW1 Revised Rates	12/13/99											

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>Vera L. Ray, FLMI, AIRC, ACS</u> Title <u>Senior Compliance Filing Manager</u></p>		
<p>Signature  Date <u>7/14/11</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	PGTLU97NW1 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			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input 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> _____	