

SERFF Tracking Number: GRAX-G127630615 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 49814
 Company Tracking Number: E6004010NW
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.002 Flexible Premium
 Product Name: Annuity Individual Fixed
 Project Name/Number: Annuity Individual Fixed/E6004010NW

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G127630615	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 49814
Sub-TOI: A02I.002 Flexible Premium	Co Tr Num: E6004010NW	State Status: Approved-Closed
Filing Type: Form	Author: SPI	Reviewer(s): Linda Bird
	GreatAmericanFinancialRes	Disposition Date: 09/20/2011
	Date Submitted: 09/16/2011	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: E6004010NW	Date Approved in Domicile: 07/12/2010
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Overall Rate Impact:
Filing Status Changed: 09/20/2011	
State Status Changed: 09/20/2011	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 form will replace form number E6004002NW, which was approved for use in your state on 10/28/2002. 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.

This endorsement will be used with the company's individual fixed annuity portfolio in instances where the contract is intended to be an IRA. The language contained in this form is based on language supplied by the Internal Revenue

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Service. The form contains federally mandated language and is therefore exempt from Flesch score requirements.

Company and Contact

Filing Contact Information

Brenda Little, Senior Compliance Filing Analyst blittle@gafri.com
 P. O. Box 5420 513-412-2725 [Phone] 12725 [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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$0.00	09/16/2011	
Great American Life Insurance Company	\$50.00	09/16/2011	51714989

SERFF Tracking Number: GRAX-G127630615 *State:* Arkansas
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Product Name: Annuity Individual Fixed
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Disposition

Disposition Date: 09/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-G127630615 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		No
Supporting Document	Cover Letter		No
Form	Individual Retirement Annuity Endorsement		No

SERFF Tracking Number: GRAX-G127630615 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/16/2011
Submitted Date 09/16/2011
Respond By Date 10/17/2011

Dear Brenda Little,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Variable
Product Name: Annuity Individual Fixed
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/16/2011
Submitted Date 09/16/2011

Dear Linda Bird,

Comments:

September 16, 2011
NAIC No. 0084-63312
FEIN No. 13-1935920

Ms. Linda Bird
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Resubmission for Approval - Great American Life Insurance Company
E6004010NW Individual Retirement Annuity Endorsement
DOI File No. 49814

Dear Ms. Bird:

Response 1

Comments: Thank you for your review of this filing and your response of September 16, 2011. I will respond to your concerns in the order in which they appeared.

Objection 1

The filing fee of \$50.00 has been submitted via EFT.

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Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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 blittle@gafri.com.

Sincerely,

Brenda Little
Senior Compliance Filing Analyst

Sincerely,
SPI GreatAmericanFinancialRes

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Form Schedule

Lead Form Number: E6004010NW

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	E6004010NW	Policy/Cont	Individual Retirement Initial			0.000	E6004010NW
	W	ract/Fratern	Annuity Endorsement				0111.PDF
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



LIFE INSURANCE COMPANY

Home Office: Cincinnati, Ohio
Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

INDIVIDUAL RETIREMENT ANNUITY ENDORSEMENT

The annuity contract (the "Contract") is changed by this Individual Retirement Annuity Endorsement (this "Endorsement") to add the following additional provisions:

Applicable Tax Law Restrictions

The Contract is intended to receive contributions that qualify for deferred tax treatment under Internal Revenue Code ("IRC") Section 408(b). It is restricted as required by federal tax law. We may change the terms of the Contract or administer it at any time as needed to comply with that law. Any such change may be applied retroactively to the extent permitted by law.

Exclusive Benefit

The Contract is established for the exclusive benefit of you and your beneficiaries. Your interest in the Contract is nonforfeitable.

Nonparticipating

The Contract does not pay dividends or share in our surplus.

No Assignment or Transfer

You cannot assign, sell, or transfer your interest in the Contract. You cannot pledge it to secure a loan or the performance of an obligation, or for any other purpose. The only exceptions to these rules are:

- 1) all or part of your interest in the Contract may be transferred to your spouse or former spouse (as defined by federal law) under a divorce or separation instrument described in IRC Section 71(b)(2)(A); and
- 2) payments from the Contract may be based on joint lives or joint life expectancies of you and another person, but such other person shall have no present rights under the Contract during your lifetime.

Contributions

The Contract does not require fixed contributions or other premiums or purchase payments, but we may decline to accept any premium or purchase payment of less than \$50. The Contract will not lapse if you do not make premiums or purchase payments. We may terminate the Contract pursuant to any involuntary surrender or termination provision of the Contract only if premiums or purchase payments have not been made for at least two full Contract years and the value of the Contract (increased by any guaranteed interest) would provide a benefit on the Annuity Commencement Date, maturity date, or annuity date of less than \$20 a month under the standard form of payment.

All contributions to us must be made in cash BY CHECK OR MONEY ORDER MADE PAYABLE TO US.

Total contributions made to the Contract with respect to any single tax year may not exceed the annual contribution limit, excluding any payment that is:

- 1) allowed as a rollover contribution under IRC Section 402(c), 402(e)(6), 403(a)(4), 403(b)(8), 403(b)(10), 408(d)(3), or 457(e)(16);
- 2) a contribution made in accordance with the terms of a Simplified Employee Pension (SEP) described in IRC Section 408(k); or
- 3) an additional contribution specifically authorized by statute, such as repayments of qualified reservist distributions, repayments of certain plan distributions made on account of a federally declared disaster, certain amounts received in connection with the Exxon Valdez litigation, and contributions for taxable years beginning after 2006 and before 2010 by an individual who was a participant in a 401(k) plan of a certain employer in bankruptcy described in IRC Section 219(b)(5)(C).

The annual contribution limit is \$5,000 for any tax year beginning in 2008 and years thereafter. After 2008, the annual contribution limit will be adjusted by the Secretary of the Treasury for cost-of-living increases under IRC Section 219(b)(5)(C). Such adjustments will be in multiples of \$500.

If you are age 50 or older, the annual contribution limit is increased by \$1,000 for any tax year beginning in 2006 and years thereafter.

The Contract will not accept contributions made by an employer through a SIMPLE IRA plan under IRC Section 408(p). The Contract will not accept a transfer or rollover of any funds attributable to contributions made by an employer through a SIMPLE IRA plan until at least two years after the date you first participated in that employer's SIMPLE IRA plan.

The Contract will not accept a rollover contribution to an Inherited IRA for a nonspouse beneficiary under IRC Section 402(c)(11), 403(a)(4)(B), 403(b)(8)(B), or 457(e)(16)(B). The Contract will not accept a transfer from an Inherited IRA within the meaning of IRC Section 408(d)(3)(C).

Annual Report

We will furnish annual calendar year reports concerning the status of the Contract and such information concerning required minimum distributions as is prescribed by the Commissioner of Internal Revenue.

Required Minimum Distributions During Life

Distributions from the Contract shall be made in accordance with the requirements of IRC Section 408(b)(3) and the regulations thereunder. If distributions are not made in the form of an annuity on an irrevocable basis (except for acceleration), then distribution of your entire interest in the Contract must satisfy the requirements of IRC Section 408(a)(6) and the regulations thereunder instead of the requirements set out herein.

The Required Beginning Date for distributions from the Contract is April 1 following the calendar year in which you reach age 70-1/2. No later than the Required Beginning Date, your entire interest in the Contract must begin to be distributed over (i) your life or the lives of you and your designated beneficiary, or (ii) a period certain not to exceed your life expectancy or the joint and last survivor expectancy of you and your designated beneficiary. Payments must be made in periodic payments at intervals of no longer than one (1) year, and must be either nonincreasing or they may increase only as provided in Q&A-1 and Q&A-4 of Section 1.401(a)(9)-6 of the Income Tax Regulations. In addition, any distribution must satisfy the incidental benefit requirements specified in Q&A-2 of Section 1.401(a)(9)-6 of the Income Tax Regulations.

The distribution periods described above cannot exceed the periods specified in Section 1.401(a)(9)-6 of the Income Tax Regulations. The first required payment can be made as late as the Required Beginning Date and must be the payment that is required for a single payment interval. The second payment need not be made until the end of the next payment interval.

Your entire interest in the Contract includes the amount of any outstanding rollover, transfer, or recharacterization under Q&A-7 or Q&A-8 of Section 1.408-8 of the Income Tax Regulations, and the actuarial value of any other benefits provided under the Contract, such as guaranteed death benefits, to the extent required by regulations.

Required Minimum Distributions After Death

If you die after required distributions begin, the remaining portion of your interest in the Contract will continue to be distributed under the Contract option chosen.

If you die before required distributions begin, your entire interest in the Contract will be distributed as least as rapidly as follows:

- 1) If your designated beneficiary is not your surviving spouse (as defined by federal tax law), then your entire interest in the Contract must be distributed over the remaining life expectancy of the designated beneficiary, with payments starting by the end of the calendar year following the calendar year of your death. The life expectancy of the designated beneficiary is determined using his or her age as of his or her birthday in the year following the year of your death. Alternatively, if elected, your entire interest in the Contract must be distributed by the end of the calendar year that contains the fifth anniversary of your death.

- 2) If your sole designated beneficiary is your surviving spouse (as defined by federal tax law), then your entire interest in the Contract must be distributed over your spouse's life expectancy, with payments starting by the end of the calendar year following the calendar year of your death, or if later, by the end of the calendar year in which you would have reached age 70-1/2. Alternatively, if elected, your entire interest in the Contract must be distributed by the end of the calendar year that contains the fifth anniversary of your death.

If your surviving spouse dies before required distributions begin to him or her, then the remaining interest will be distributed over the remaining life expectancy of your spouse's designated beneficiary, with payments starting by the end of the calendar year following the calendar year of your spouse's death. The life expectancy of your spouse's designated beneficiary will be determined using his or her age as of his or her birthday in the year following the death of your spouse. Alternatively, if elected, or if your surviving spouse dies and there is no designated beneficiary, then the remaining interest in the Contract will be distributed by the end of the calendar year that contains the fifth anniversary of your surviving spouse's death.

If your surviving spouse dies after required distributions begin to him or her, then any remaining interest will continue to be distributed under the Contract option chosen.

- 3) If there is no designated beneficiary, then your entire interest in the Contract will be distributed by the end of the calendar year containing the fifth anniversary of your death.

Life expectancy is determined using the Single Life Table in Q&A-1 of Section 1.401(a)(9)-9 of the Income Tax Regulations. If distributions are being made to your surviving spouse as your sole designated beneficiary, your spouse's remaining life expectancy for a year is the number in the Single Life Table corresponding to such spouse's age on his or her birthday in the year. In all other cases, remaining life expectancy for a year is the number in the Single Life Table in the year such individual's life expectancy is first determined, reduced by one (1) for each subsequent year.

Required distributions are considered to begin on your Required Beginning Date or, if applicable, on the date distributions are required to begin to your surviving spouse. However, if distributions under the Contract start prior to such date on an irrevocable basis (except for acceleration) in a form meeting the requirements of Section 1.401(a)(9)-6 of the Income Tax Regulations, then required distributions are considered to begin on the annuity starting date.

Your entire interest in the Contract includes the amount of any outstanding rollover, transfer, or recharacterization under Q&A-7 or Q&A-8 of Section 1.408-8 of the Income Tax Regulations, and the actuarial value of any other benefits provided under the Contract, such as guaranteed death benefits, to the extent required by regulations.

For purposes of this provision, a designated beneficiary is an individual designated under the Contract to receive payments after your death (or the death of your surviving spouse) and who qualifies as a designated beneficiary under Section 1.401(a)(9)-4 of the Income Tax Regulations.

If your sole designated beneficiary is your surviving spouse (as defined by federal tax law), then your spouse may elect to treat the Contract as his or her own IRA. This election will be deemed to have been made if he or she becomes Successor Owner of the Contract or fails to take required distributions from the Contract as a beneficiary. No contribution, rollover, or transfer to the Contract may be made after your death unless your spouse (as defined by federal tax law) becomes Successor Owner.

This Endorsement is part of the Contract. It is not a separate contract. It changes the Contract only as and to the extent stated. It supersedes all prior Individual Retirement Annuity endorsements. In all cases of conflict with the other terms of the Contract, the provisions of this Endorsement shall control.

Signed for us at our office as of the date of issue.



MARK F. MUETHING
EXECUTIVE VICE PRESIDENT



JOHN P. GRUBER
SECRETARY

SERFF Tracking Number: GRAX-G127630615 State: Arkansas
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 Product Name: Annuity Individual Fixed
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The form contains federally mandated language and is therefore exempt from Flesch score requirements.		

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:
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SERFF Tracking Number: GRAX-G127630615 *State:* Arkansas
Filing Company: Great American Life Insurance Company *State Tracking Number:* 49814
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Variable
Product Name: Annuity Individual Fixed
Project Name/Number: Annuity Individual Fixed/E6004010NW
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	Annuity	0084	63312	13-1935920	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Brenda Little P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 12725	513-361-5967	blittle@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	E6004010NW
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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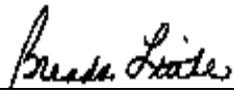
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<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: _____		
<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	A02I Individual Annuities- Deferred Non-Variable
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10. Product Coding Matrix Filing Code	A02I.002 Flexible Premium
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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 checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <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: _____
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12.	Filing Submission Date	9/16/2011
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	7/12/2010
15.	Filing Description:	
<p>Enclosed for your review and approval, please find the form referenced above. This form will replace form number E6004002NW, which was approved for use in your state on 10/28/2002. 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>This endorsement will be used with the company's individual fixed annuity portfolio in instances where the contract is intended to be an IRA. The language contained in this form is based on language supplied by the Internal Revenue Service. The form contains federally mandated language and is therefore exempt from Flesch score requirements.</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>Brenda Little</u> Title <u>Senior Compliance Filing Analyst</u></p>		
<p>Signature <u></u> Date <u>9/16/2011</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	E6004010NW	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Retirement Annuity Endorsement	E6004010NW	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	E6004002NW
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

September 16, 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
E6004010NW Individual Retirement Annuity Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form will replace form number E6004002NW, which was approved in your state on 10/28/2002. 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. This form was approved in Ohio, our state of domicile, on July 12, 2010.

This endorsement will be used with the company's individual fixed annuity portfolio in instances where the contract is intended to be an IRA. The language contained in this form is based on language supplied by the Internal Revenue Service. The form contains federally mandated language and is therefore exempt from Flesch score requirements.

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 blittle@gafri.com.

Sincerely,

Brenda Little
Senior Compliance Filing Analyst

BRENDA LITTLE , SENIOR COMPLIANCE FILING ANALYST
(800) 854-3649 (TOLL FREE - EXT. 12725)
(513) 412-2725 (DIRECT DIAL) * (513) 361-5967 FAX