

SERFF Tracking Number: GRAX-G128056958 State: Arkansas  
 Filing Company: Great American Life Insurance Company State Tracking Number:  
 Company Tracking Number: E1090812NW  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
 Variable  
 Product Name: Annuity Individual Fixed  
 Project Name/Number: Annuity Individual Fixed/E1090812NW

## Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed SERFF Tr Num: GRAX-G128056958 State: Arkansas  
 TOI: A021 Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num:  
 Sub-TOI: A021.003 Single Premium Co Tr Num: E1090812NW State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Author: SPI Disposition Date: 02/03/2012  
 GreatAmericanFinancialRes  
 Date Submitted: 02/01/2012 Disposition Status: Approved-Closed  
 Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: Annuity Individual Fixed Status of Filing in Domicile: Pending  
 Project Number: E1090812NW Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 02/03/2012  
 State Status Changed: 02/03/2012  
 Deemer Date: Created By: SPI GreatAmericanFinancialRes  
 Submitted By: SPI GreatAmericanFinancialRes Corresponding Filing Tracking Number:  
 Filing Description:

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Endorsement form E1090812NW will modify the Assignment provision with less restrictive language for the contract forms referenced below. This endorsement will be attached to all new issues and also made available for any current

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Company Tracking Number: E1090812NW  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable  
Product Name: Annuity Individual Fixed  
Project Name/Number: Annuity Individual Fixed/E1090812NW

contract holders of these contracts.

#### Contract Form Number Approval Date

P1075209NW 07/06/2009  
P1075309NW 07/06/2009  
P1075409NW 07/06/2009  
P1074509NW 05/13/2009  
P1077409NW 02/04/2010

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

## Company and Contact

### Filing Contact Information

Stephen Essman, Senior Compliance Filing sessman@gafri.com  
Specialist  
P. O. Box 5420 513-412-2731 [Phone] 12731 [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? Yes  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	02/01/2012	55991528

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2012	02/03/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Cover Letter	SPI GreatAmericanFinancialRes	02/01/2012	02/01/2012

*SERFF Tracking Number:* GRAX-G128056958      *State:* Arkansas  
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Variable  
*Product Name:* Annuity Individual Fixed  
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## **Disposition**

Disposition Date: 02/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter		Yes
Form	Endorsement		Yes

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**Amendment Letter**

Submitted Date: 02/01/2012

**Comments:**

Cover letter correct to provide the Arkansas filing form number for each previously approved contract.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cover Letter**

Comment:

Cover Letter.PDF

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## Form Schedule

Lead Form Number: E1090812NW

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	E1090812NW	Policy/Cont Endorsement ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		58.300	E1090812NW .PDF



LIFE INSURANCE COMPANY

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

## ENDORSEMENT

The annuity contract (the "Contract") is changed by this endorsement (this "Endorsement") to revise the **Assignment** provision to read as follows:

### **Assignment**

If this is a Tax-Qualified Contract, then you may not pledge, charge, encumber, or in any way assign your interest in this Contract except to the limited extent as may be provided in the tax qualification endorsement and the loan endorsement, if any.

If this is not a Tax-Qualified Contract, then you generally may assign all or any part of your rights under this Contract. However, you may not assign your rights to:

- 1) designate or change a Beneficiary;
- 2) designate or change an Annuitant;
- 3) transfer ownership; or
- 4) elect a settlement option.

The person to whom you make an assignment is called an assignee.

We are not responsible for the validity or tax effects of any assignment. An assignment must be made by Written Request and must be received at our Administrative Office. We will not be bound by an assignment until we acknowledge it. An assignment is subject to any payment made or any action we take before we acknowledge it. An assignment may be ended only by the assignee or as provided by law.

The rights of an assignee, including the right to any payment under this Contract, come before the rights of an Owner, Annuitant, Beneficiary, or other payee.

This Endorsement is part of the Contract. It is not a separate contract. It changes the Contract only as and to the extent stated. 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

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> NW - Readability Certification.PDF		

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable.		
<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		



P.O. Box 5420, Cincinnati, Ohio 45201-5420

**READABILITY CERTIFICATION**

I, John P. Gruber, an officer of Great American Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<b><u>Form</u></b>	<b><u>Readability Score</u></b>
E1090812NW	58.3

**John P. Gruber, Esq.**  
**Senior Vice President,**  
**General Counsel and Secretary**

February 1, 2012



LIFE INSURANCE COMPANY

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

February 1, 2012

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  
E1090812NW Endorsement

Dear Insurance Commissioner Bradford:

Enclosed for your review and approval, please find the form referenced above. This form is a new form and does not replace any existing form, nor has it 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. This form was filed in Ohio, our state of domicile, on February 1, 2012.

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P1075309NW	07/06/2009	42614
P1075409NW	07/06/2009	42642
P1074509NW	05/13/2009	42226
P1077409NW	02/04/2010	44416

STEPHEN E. ESSMAN, ACS, AIAA, AIRC, SENIOR COMPLIANCE FILING SPECIALIST  
(800) 854-3649 (TOLL FREE - EXT. 12731)  
(513) 412-2731 (DIRECT DIAL) \* (513) 361-5967 FAX

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 [sessman@gafri.com](mailto:sessman@gafri.com).

Sincerely,



Stephen E. Essman, ACS, AIAA, AIRC  
Senior Compliance Filing Specialist





LIFE INSURANCE COMPANY

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

February 1, 2012

NAIC No. 0084-63312  
FEIN No. 13-1935920

Insurance Commissioner Jay Bradford  
Compliance - Life and Health  
Arkansas Department of Insurance  
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Little Rock, AR 72201-1904

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Stephen E. Essman, ACS, AIAA, AIRC  
Senior Compliance Filing Specialist