



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code 0435 0084 NAIC Company Code 63312 Employer's ID Number 13-1935920
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [ X ] Fraternal Benefit Societies [ ]

Incorporated/Organized 12/29/1961 Commenced Business 08/13/1963

Statutory Home Office 301 East Fourth Street Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 301 East Fourth Street Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)
513-357-3300 (Area Code) (Telephone Number)

Mail Address Post Office Box 5420 Cincinnati, OH, US 45201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 301 East Fourth Street Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)
513-357-3300 (Area Code) (Telephone Number)

Internet Website Address www.massmutual.com

Statutory Statement Contact Robert Mayhew Earle II 513-412-1735
(Name) (Area Code) (Telephone Number)
rearle@gaig.com 513-412-1673
(E-mail Address) (FAX Number)

OFFICERS

President Mark Francis Muething Treasurer Christopher Patrick Miliano
Secretary John Paul Gruber Appointed Actuary Richard Lee Sutton

OTHER

Adrienne Susan Baglier Michael Robert Fanning # Michael Harrison Haney
Brian Patrick Sponaugle

DIRECTORS OR TRUSTEES

Dominic Lusean Blue # Elizabeth Ward Chicares # Susan Marie Cicco #
Geoffrey James Craddock # Roger William Crandall # Michael Robert Fanning #
Paul Anthony Lapiana # Mark Francis Muething Michael James O'Connor #
Eric William Partlan # Gareth Fielding Ross # Arthur William Wallace III #

State of Ohio SS
County of Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Mark Francis Muething
President

John Paul Gruber
Secretary

Christopher Patrick Miliano
Treasurer

Subscribed and sworn to before me this February 2022
day of

- a. Is this an original filing? Yes [ X ] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed .....
3. Number of pages attached.....

# OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	242,930				242,930
2. Annuity considerations	218,801,464		(8,928)		218,792,536
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	219,044,394	0	(8,928)	0	219,035,466
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	120,000				120,000
10. Matured endowments	25,000				25,000
11. Annuity benefits	25,045,396		638,981		25,684,377
12. Surrender values and withdrawals for life contracts	66,626,281		26,362		66,652,643
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	91,816,677	0	665,343	0	92,482,020
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	195,000							4	195,000
Settled during current year:										
18.1 By payment in full	3	145,000			0	0			3	145,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	145,000	0	0	0	0	0	0	3	145,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	145,000	0	0	0	0	0	0	3	145,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	0	1	50,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	300	78,842,631	0	(a) 0	0	31,459	0	0	300	78,874,090
21. Issued during year	1	60,000							1	60,000
22. Other changes to in force (Net)	(48)	(8,160,347)				313			(48)	(8,160,034)
23. In force December 31 of current year	253	70,742,284	0	(a) 0	0	31,772	0	0	253	70,774,056

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	66,659	67,296		12,415	12,426
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	66,659	67,296	0	12,415	12,426
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	66,659	67,296	0	12,415	12,426

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	551,381				551,381
2. Annuity considerations	116,051,799		66,989		116,118,788
3. Deposit-type contract funds	269,598	XXX		XXX	269,598
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	116,872,778	0	66,989	0	116,939,767
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	517,700				517,700
10. Matured endowments	23,400				23,400
11. Annuity benefits	19,980,608		1,203,876		21,184,484
12. Surrender values and withdrawals for life contracts	37,843,804		574,670		38,418,474
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	58,365,512	0	1,778,546	0	60,144,058
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	736,075							9	736,075
Settled during current year:										
18.1 By payment in full	8	541,100			0	0			8	541,100
18.2 By payment on compromised claims										0
18.3 Totals paid	8	541,100	0	0	0	0	0	0	8	541,100
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	541,100	0	0	0	0	0	0	8	541,100
19. Unpaid Dec. 31, current year (16+17-18.6)	1	194,975	0	0	0	0	0	0	1	194,975
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	705	151,434,157	0 (a)	0	0	8,920	0	0	705	151,443,077
21. Issued during year	1	18,000							1	18,000
22. Other changes to in force (Net)	(73)	(12,998,833)				68			(73)	(12,998,765)
23. In force December 31 of current year	633	138,453,324	0 (a)	0	0	8,988	0	0	633	138,462,312

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,707	11,758			(140)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,707	11,758	0	0	(140)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,707	11,758	0	0	(140)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	80,780				80,780
2. Annuity considerations	26,506,641				26,506,641
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	26,587,421	0	0	0	26,587,421
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	2,000				2,000
10. Matured endowments					0
11. Annuity benefits	3,148,116		191,402		3,339,518
12. Surrender values and withdrawals for life contracts	14,722,591		5,639		14,728,230
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	17,872,707	0	197,041	0	18,069,748
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	2,000							1	2,000
Settled during current year:										
18.1 By payment in full	1	2,000			0	0			1	2,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	2,000	0	0	0	0	0	0	1	2,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	2,000	0	0	0	0	0	0	1	2,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	85	17,904,227	0 (a)	0	0	0	0	0	85	17,904,227
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(553,077)							(8)	(553,077)
23. In force December 31 of current year	77	17,351,150	0 (a)	0	0	0	0	0	77	17,351,150

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	863,058				863,058
2. Annuity considerations	215,078,224		(18,875)		215,059,349
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	215,941,282	0	(18,875)	0	215,922,407
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	2,218,963		17,827		2,236,790
10. Matured endowments	108,000				108,000
11. Annuity benefits	28,569,610		1,662,500		30,232,110
12. Surrender values and withdrawals for life contracts	63,822,656		204,608		64,027,264
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	94,719,229	0	1,884,935	0	96,604,164
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	151,000	0	0	0	0	0	0	2	151,000
17. Incurred during current year	13	2,200,963			4	25,125			17	2,226,088
Settled during current year:										
18.1 By payment in full	14	2,326,963			3	17,827			17	2,344,790
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	2,326,963	0	0	3	17,827	0	0	17	2,344,790
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	2,326,963	0	0	3	17,827	0	0	17	2,344,790
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000	0	0	1	7,298	0	0	2	32,298
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	1,165	211,961,715	0	(a) 0	0	141,194	0	0	1,165	212,102,909
21. Issued during year	8	305,000							8	305,000
22. Other changes to in force (Net)	(204)	(36,776,696)				(16,291)			(204)	(36,792,987)
23. In force December 31 of current year	969	175,490,019	0	(a) 0	0	124,903	0	0	969	175,614,922

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	99,108	107,334		53,582	267,633
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	99,108	107,334	0	53,582	267,633
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	99,108	107,334	0	53,582	267,633

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	295,598				295,598
2. Annuity considerations	60,238,292		14,512,205		74,750,497
3. Deposit-type contract funds	114,455	XXX		XXX	114,455
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	60,648,345	0	14,512,205	0	75,160,550
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	58,107				58,107
10. Matured endowments					0
11. Annuity benefits	4,172,868		276,723		4,449,591
12. Surrender values and withdrawals for life contracts	11,684,689		1,426,377		13,111,066
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	15,915,664	0	1,703,100	0	17,618,764
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	58,107							2	58,107
Settled during current year:										
18.1 By payment in full	2	58,107			0	0			2	58,107
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	58,107	0	0	0	0	0	0	2	58,107
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	58,107	0	0	0	0	0	0	2	58,107
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	341	53,226,151	0 (a)	0	0	0	0	0	341	53,226,151
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(3,686,717)							(27)	(3,686,717)
23. In force December 31 of current year	314	49,539,434	0 (a)	0	0	0	0	0	314	49,539,434

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,008,528				1,008,528
2. Annuity considerations	156,849,378		2,441,341		159,290,719
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	157,857,906	0	2,441,341	0	160,299,247
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	488,143				488,143
10. Matured endowments	87,400				87,400
11. Annuity benefits	24,438,418		2,174,730		26,613,148
12. Surrender values and withdrawals for life contracts	71,009,954		469,085		71,479,039
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	96,023,915	0	2,643,815	0	98,667,730
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	3,415	.0	.0	.0	.0	.0	.0	.1	3,415
17. Incurred during current year	.9	762,946							.9	762,946
Settled during current year:										
18.1 By payment in full	.9	575,543			.0	.0			.9	575,543
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.9	575,543	.0	.0	.0	.0	.0	.0	.9	575,543
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.9	575,543	.0	.0	.0	.0	.0	.0	.9	575,543
19. Unpaid Dec. 31, current year (16+17-18.6)	1	190,818	0	0	0	0	0	0	1	190,818
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	994	317,293,898	0	(a) 0	.1	3,131	.0	.0	995	317,297,029
21. Issued during year	.2	130,000							.2	130,000
22. Other changes to in force (Net)	(84)	(18,889,668)				20			(84)	(18,889,648)
23. In force December 31 of current year	912	298,534,230	0	(a) 0	1	3,151	0	0	913	298,537,381

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	146,640	143,921		22,917	16,183
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	146,640	143,921	0	22,917	16,183
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,640	143,921	0	22,917	16,183

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
insured under indemnity only products .....0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	221,568				221,568
2. Annuity considerations	145,679,648		6,417,962		152,097,610
3. Deposit-type contract funds	417,131	XXX		XXX	417,131
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	146,318,347	0	6,417,962	0	152,736,309
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	855,254				855,254
10. Matured endowments	83,600				83,600
11. Annuity benefits	24,904,163		1,967,820		26,871,983
12. Surrender values and withdrawals for life contracts	77,782,485		1,796,692		79,579,177
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	103,625,502	0	3,764,512	0	107,390,014
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
17. Incurred during current year	.9	928,854							.9	928,854
Settled during current year:										
18.1 By payment in full	.10	938,854			.0	.0			.10	938,854
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.10	938,854	.0	.0	.0	.0	.0	.0	.10	938,854
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.10	938,854	.0	.0	.0	.0	.0	.0	.10	938,854
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	.346	74,082,059	.0 (a)	.0	.1	.0	.0	.0	.347	74,082,059
21. Issued during year	.2	20,000							.2	20,000
22. Other changes to in force (Net)	(.42)	(8,999,104)							(.42)	(8,999,104)
23. In force December 31 of current year	306	65,102,955	0 (a)	0	1	0	0	0	307	65,102,955

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	154,578	150,118		108,247	109,307
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	154,578	150,118	0	108,247	109,307
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	154,578	150,118	0	108,247	109,307

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	150,300				150,300
2. Annuity considerations	49,175,023		4,169,860		53,344,883
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	49,325,323	0	4,169,860	0	53,495,183
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	32,932				32,932
10. Matured endowments					0
11. Annuity benefits	10,484,166		609,560		11,093,726
12. Surrender values and withdrawals for life contracts	29,838,942		445,434		30,284,376
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	40,356,040	0	1,054,994	0	41,411,034
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	14,000	0	0	0	0	0	0	2	14,000
17. Incurred during current year	2	18,932							2	18,932
Settled during current year:										
18.1 By payment in full	4	32,932			0	0			4	32,932
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	32,932	0	0	0	0	0	0	4	32,932
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	32,932	0	0	0	0	0	0	4	32,932
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	188	25,440,244	0 (a)	0	0	1,970	0	0	188	25,442,214
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(895,315)				20			(9)	(895,295)
23. In force December 31 of current year	179	24,544,929	0 (a)	0	0	1,990	0	0	179	24,546,919

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	108,924	108,817		85,013	83,710
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	108,924	108,817	0	85,013	83,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	108,924	108,817	0	85,013	83,710

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1-2 Ordinary (No. of Pol. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pol. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pol. & Certifs., Amount), 9-10 Total (No. of Pol. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	254,851				254,851
2. Annuity considerations	164,966,171		(44,717)		164,921,454
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	165,221,022	0	(44,717)	0	165,176,305
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	701,000		200,846		901,846
10. Matured endowments	6,000		38		6,038
11. Annuity benefits	18,326,639		203,636		18,530,275
12. Surrender values and withdrawals for life contracts	81,404,655		54,347		81,459,002
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	100,438,294	0	458,867	0	100,897,161
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	50,000	.0	.0	.6	28,128	.0	.0	.7	78,128
17. Incurred during current year	5	707,000			29	178,752			34	885,752
Settled during current year:										
18.1 By payment in full	5	707,000			32	200,884			37	907,884
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	5	707,000	.0	.0	32	200,884	.0	.0	37	907,884
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	5	707,000	.0	.0	32	200,884	.0	.0	37	907,884
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	3	5,996	0	0	4	55,996
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	375	62,692,637	0	(a) 0	.0	2,100,660	.0	.0	375	64,793,297
21. Issued during year	1	60,000							1	60,000
22. Other changes to in force (Net)	(49)	(8,592,393)				(166,598)			(49)	(8,758,991)
23. In force December 31 of current year	327	54,160,244	0	(a) 0	0	1,934,062	0	0	327	56,094,306

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,900	6,899		77	241
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,900	6,899	0	77	241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,900	6,899	0	77	241

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	669,596				669,596
2. Annuity considerations	69,209,896		5,873,275		75,083,171
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	69,879,492	0	5,873,275	0	75,752,767
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	2,477,325				2,477,325
10. Matured endowments	45,400				45,400
11. Annuity benefits	17,967,345		640,544		18,607,889
12. Surrender values and withdrawals for life contracts	46,674,285		67,493		46,741,778
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	67,164,355	0	708,037	0	67,872,392
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	287,000	0	0	0	0	0	0	4	287,000
17. Incurred during current year	15	2,675,998							15	2,675,998
Settled during current year:										
18.1 By payment in full	15	2,522,725			0	0			15	2,522,725
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	2,522,725	0	0	0	0	0	0	15	2,522,725
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	2,522,725	0	0	0	0	0	0	15	2,522,725
19. Unpaid Dec. 31, current year (16+17-18.6)	4	440,273	0	0	0	0	0	0	4	440,273
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	857	203,033,256	0 (a)	0	0	2,786	0	0	857	203,036,042
21. Issued during year	2	75,000							2	75,000
22. Other changes to in force (Net)	(84)	(18,767,461)				28			(84)	(18,767,433)
23. In force December 31 of current year	775	184,340,795	0 (a)	0	0	2,814	0	0	775	184,343,609

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,782	8,755			(94)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,782	8,755	0	0	(94)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,782	8,755	0	0	(94)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, and Direct Claims and Benefits Paid.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	366,279				366,279
2. Annuity considerations	270,742,464		1,402,708		272,145,172
3. Deposit-type contract funds	69,383	XXX		XXX	69,383
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	271,178,126	0	1,402,708	0	272,580,834
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	1,755,000		14,863		1,769,863
10. Matured endowments	43,860				43,860
11. Annuity benefits	29,461,363		881,796		30,343,159
12. Surrender values and withdrawals for life contracts	145,354,941		235,570		145,590,511
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	176,615,164	0	1,132,229	0	177,747,393
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	105,000	0	0	0	0	0	0	2	105,000
17. Incurred during current year	9	1,693,860			2	14,863			11	1,708,723
Settled during current year:										
18.1 By payment in full	11	1,798,860			2	14,863			13	1,813,723
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	1,798,860	0	0	2	14,863	0	0	13	1,813,723
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	1,798,860	0	0	2	14,863	0	0	13	1,813,723
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	472	103,973,505	0	(a) 0	0	113,880	0	0	472	104,087,385
21. Issued during year									0	0
22. Other changes to in force (Net)	(73)	(10,777,653)				(13,797)			(73)	(10,791,450)
23. In force December 31 of current year	399	93,195,852	0	(a) 0	0	100,083	0	0	399	93,295,935

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,320	1,320			(80)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	169,462	167,666		132,298	75,687
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	169,462	167,666	0	132,298	75,687
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	170,782	168,986	0	132,298	75,607

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,505				9,505
2. Annuity considerations	2,826,853		(3,784)		2,823,069
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,836,358	0	(3,784)	0	2,832,574
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	10,000				10,000
10. Matured endowments					0
11. Annuity benefits	1,801,216		135,969		1,937,185
12. Surrender values and withdrawals for life contracts	2,918,390		10,931		2,929,321
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,729,606	0	146,900	0	4,876,506
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000			0	0			1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	25	3,279,788	0	(a) 0	0	9,633	0	0	25	3,289,421
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(160,352)				97			(2)	(160,255)
23. In force December 31 of current year	23	3,119,436	0	(a) 0	0	9,730	0	0	23	3,129,166

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,987	6,986			(111)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,987	6,986	0	0	(111)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,987	6,986	0	0	(111)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	91,584				91,584
2. Annuity considerations	35,234,075		90,670		35,324,745
3. Deposit-type contract funds	1,218,399	XXX		XXX	1,218,399
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	36,544,058	0	90,670	0	36,634,728
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	10,000				10,000
10. Matured endowments					0
11. Annuity benefits	7,817,550		825,751		8,643,301
12. Surrender values and withdrawals for life contracts	21,715,348		203,151		21,918,499
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	29,542,898	0	1,028,902	0	30,571,800
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
17. Incurred during current year Settled during current year:										
18.1 By payment in full	.1	10,000			.0	.0			.1	10,000
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	123	20,827,127	0 (a)	.0	.0	11,098	.0	.0	123	20,838,225
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(10)	(493,681)				111			(10)	(493,570)
23. In force December 31 of current year	113	20,333,446	0 (a)	0	0	11,209	0	0	113	20,344,655

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	66,006	74,340		97,122	95,486
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	66,006	74,340	0	97,122	95,486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	66,006	74,340	0	97,122	95,486

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	220,765				220,765
2. Annuity considerations	11,499,128		11,770		11,510,898
3. Deposit-type contract funds	247,443	XXX		XXX	247,443
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,967,336	0	11,770	0	11,979,106
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	1,000,000				1,000,000
10. Matured endowments	10,500				10,500
11. Annuity benefits	3,127,254		147,522		3,274,776
12. Surrender values and withdrawals for life contracts	5,083,660		120,490		5,204,150
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	9,221,414	0	268,012	0	9,489,426
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	1,021,120							3	1,021,120
Settled during current year:										
18.1 By payment in full	1	1,010,500			0	0			1	1,010,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	1,010,500	0	0	0	0	0	0	1	1,010,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	1,010,500	0	0	0	0	0	0	1	1,010,500
19. Unpaid Dec. 31, current year (16+17-18.6)	2	10,620	0	0	0	0	0	0	2	10,620
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	207	49,770,975	0	(a) 0	0	11	0	0	207	49,770,986
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(6,374,997)				5,687			(30)	(6,369,310)
23. In force December 31 of current year	177	43,395,978	0	(a) 0	0	5,698	0	0	177	43,401,676

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	152,931				152,931
2. Annuity considerations	16,954,158		3,912		16,958,070
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	17,107,089	0	3,912	0	17,111,001
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	260,417				260,417
10. Matured endowments					0
11. Annuity benefits	10,867,534		1,080,108		11,947,642
12. Surrender values and withdrawals for life contracts	18,493,455		99,194		18,592,649
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	29,621,406	0	1,179,302	0	30,800,708
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	25,000	.0	.0	.0	.0	.0	.0	.1	25,000
17. Incurred during current year	.4	265,417							.4	265,417
Settled during current year:										
18.1 By payment in full	.3	260,417			.0	.0			.3	260,417
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.3	260,417	.0	.0	.0	.0	.0	.0	.3	260,417
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.3	260,417	.0	.0	.0	.0	.0	.0	.3	260,417
19. Unpaid Dec. 31, current year (16+17-18.6)	2	30,000	0	0	0	0	0	0	2	30,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	159	38,266,872	0	0	0	56,977	0	0	159	38,323,849
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(25)	(5,612,080)				569			(25)	(5,611,511)
23. In force December 31 of current year	134	32,654,792	0	0	0	57,546	0	0	134	32,712,338

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,492	7,492		362	356
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,492	7,492	0	362	356
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,492	7,492	0	362	356

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	633,037				633,037
2. Annuity considerations	245,575,879		18,515,683		264,091,562
3. Deposit-type contract funds	61,740	XXX		XXX	61,740
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	246,270,656	0	18,515,683	0	264,786,339
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	352,001				352,001
10. Matured endowments	273,799				273,799
11. Annuity benefits	54,570,501		5,526,190		60,096,691
12. Surrender values and withdrawals for life contracts	130,953,321		2,990,890		133,944,211
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	186,149,622	0	8,517,080	0	194,666,702
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	176,000	0	0	1	258	0	0	4	176,258
17. Incurred during current year	8	449,800							8	449,800
Settled during current year:										
18.1 By payment in full	11	625,800			0	0			11	625,800
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	625,800	0	0	0	0	0	0	11	625,800
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	625,800	0	0	0	0	0	0	11	625,800
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	1	258	0	0	1	258
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	821	160,350,322	0 (a)	0	0	287	0	0	821	160,350,609
21. Issued during year	1	35,000							1	35,000
22. Other changes to in force (Net)	(130)	(19,393,632)				0			(130)	(19,393,632)
23. In force December 31 of current year	692	140,991,690	0 (a)	0	0	287	0	0	692	140,991,977

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	495	495			(30)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	56,484	55,013		11,908	13,519
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	56,484	55,013	0	11,908	13,519
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	56,979	55,508	0	11,908	13,489

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	548,406				548,406
2. Annuity considerations	19,138,343		(6,758)		19,131,585
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	19,686,749	0	(6,758)	0	19,679,991
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	676,000		6,190		682,190
10. Matured endowments	10,000				10,000
11. Annuity benefits	6,339,126		491,830		6,830,956
12. Surrender values and withdrawals for life contracts	8,814,011		133,329		8,947,340
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	15,839,137	0	631,349	0	16,470,486
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	15,000	.0	.0	.0	.0	.0	.0	.1	15,000
17. Incurred during current year	.9	896,000			.2	6,190			.11	902,190
Settled during current year:										
18.1 By payment in full	.7	686,000			.2	6,190			.9	692,190
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.7	686,000	.0	.0	.2	6,190	.0	.0	.9	692,190
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.7	686,000	.0	.0	.2	6,190	.0	.0	.9	692,190
19. Unpaid Dec. 31, current year (16+17-18.6)	3	225,000	0	0	0	0	0	0	3	225,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	656	117,993,836	.0	(a) .0	.0	120,931	.0	.0	656	118,114,767
21. Issued during year	.1	10,000							.1	10,000
22. Other changes to in force (Net)	(120)	(20,616,705)				(5,087)			(120)	(20,621,792)
23. In force December 31 of current year	537	97,387,131	0	(a) 0	0	115,844	0	0	537	97,502,975

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	121,211	120,553		76,653	76,384
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	121,211	120,553	0	76,653	76,384
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	121,211	120,553	0	76,653	76,384

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	135,894				135,894
2. Annuity considerations	32,152,310				32,152,310
3. Deposit-type contract funds	218,662	XXX		XXX	218,662
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	32,506,866	0	0	0	32,506,866
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	1,166,638				1,166,638
10. Matured endowments	12,653				12,653
11. Annuity benefits	12,573,774		505,679		13,079,453
12. Surrender values and withdrawals for life contracts	29,662,815		340,323		30,003,138
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	43,415,880	0	846,002	0	44,261,882
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	26	86,232	0	0	0	0	0	0	26	86,232
17. Incurred during current year	210	1,123,733							210	1,123,733
Settled during current year:										
18.1 By payment in full	216	1,179,291			0	0			216	1,179,291
18.2 By payment on compromised claims									0	0
18.3 Totals paid	216	1,179,291	0	0	0	0	0	0	216	1,179,291
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	216	1,179,291	0	0	0	0	0	0	216	1,179,291
19. Unpaid Dec. 31, current year (16+17-18.6)	20	30,674	0	0	0	0	0	0	20	30,674
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	3,368	43,437,225	0 (a)	0	0	14,548	0	0	3,368	43,451,773
21. Issued during year									0	0
22. Other changes to in force (Net)	(275)	(5,944,657)				146			(275)	(5,944,511)
23. In force December 31 of current year	3,093	37,492,568	0 (a)	0	0	14,694	0	0	3,093	37,507,262

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,092	5,092			(307)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	81,761	107,356		108,951	(14,628)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	81,761	107,356	0	108,951	(14,628)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86,853	112,448	0	108,951	(14,935)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	64,043				64,043
2. Annuity considerations	38,916,735		173,245		39,089,980
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	38,980,778	0	173,245	0	39,154,023
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	211,000		3,553		214,553
10. Matured endowments					0
11. Annuity benefits	5,761,441		580,056		6,341,497
12. Surrender values and withdrawals for life contracts	29,834,058		2,103,304		31,937,362
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	35,806,499	0	2,686,913	0	38,493,412
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	1	3,553	0	0	1	3,553
17. Incurred during current year	3	211,000							3	211,000
Settled during current year:										
18.1 By payment in full	3	211,000			1	3,553			4	214,553
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	211,000	0	0	1	3,553	0	0	4	214,553
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	211,000	0	0	1	3,553	0	0	4	214,553
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	87	14,899,357	0 (a)	0	0	37,111	0	0	87	14,936,468
21. Issued during year									0	0
22. Other changes to in force (Net)	(16)	(2,202,937)				(3,217)			(16)	(2,206,154)
23. In force December 31 of current year	71	12,696,420	0 (a)	0	0	33,894	0	0	71	12,730,314

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,620	9,244		79,644	59,313
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,620	9,244	0	79,644	59,313
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,620	9,244	0	79,644	59,313

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	45,275				45,275
2. Annuity considerations	9,183,102		1,778		9,184,880
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,228,377	0	1,778	0	9,230,155
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	200,000				200,000
10. Matured endowments	37,800				37,800
11. Annuity benefits	1,511,005		229,028		1,740,033
12. Surrender values and withdrawals for life contracts	2,605,883		44,422		2,650,305
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,354,688	0	273,450	0	4,628,138
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	237,800							1	237,800
Settled during current year:										
18.1 By payment in full	1	237,800			0	0			1	237,800
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	237,800	0	0	0	0	0	0	1	237,800
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	237,800	0	0	0	0	0	0	1	237,800
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	61	15,442,219	0	0	0	0	0	0	61	15,442,219
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(2,896,050)							(10)	(2,896,050)
23. In force December 31 of current year	51	12,546,169	0	0	0	0	0	0	51	12,546,169

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		25	15,778	91,520	35,285
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		25	15,778	91,520	35,285
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		25	15,778	91,520	35,285

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	454,488				454,488
2. Annuity considerations	264,178,351		11,894,246		276,072,597
3. Deposit-type contract funds	337,574	XXX		XXX	337,574
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	264,970,413	0	11,894,246	0	276,864,659
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	552,814		543,406		1,096,220
10. Matured endowments	53,969				53,969
11. Annuity benefits	33,137,351		2,129,331		35,266,682
12. Surrender values and withdrawals for life contracts	83,970,352		343,613		84,313,965
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	117,714,486	0	3,016,350	0	120,730,836
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	7	41,090	0	0	7	41,090
17. Incurred during current year	7	618,986			78	520,336			85	1,139,322
Settled during current year:										
18.1 By payment in full	6	610,637			81	543,406			87	1,154,043
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	610,637	0	0	81	543,406	0	0	87	1,154,043
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	610,637	0	0	81	543,406	0	0	87	1,154,043
19. Unpaid Dec. 31, current year (16+17-18.6)	1	8,349	0	0	4	18,020	0	0	5	26,369
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	656	188,981,345	0	(a) 0	0	5,452,904	0	0	656	194,434,249
21. Issued during year	1	15,000							1	15,000
22. Other changes to in force (Net)	(66)	(14,423,156)				(462,126)			(66)	(14,885,282)
23. In force December 31 of current year	591	174,573,189	0	(a) 0	0	4,990,778	0	0	591	179,563,967

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	226,985	248,363		247,003	399,498
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	226,985	248,363	0	247,003	399,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	226,985	248,363	0	247,003	399,498

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,044,075				1,044,075
2. Annuity considerations	99,798,197		3,203,505		103,001,702
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	100,842,272	0	3,203,505	0	104,045,777
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	1,771,874		7,542		1,779,416
10. Matured endowments	409,124				409,124
11. Annuity benefits	23,017,170		731,600		23,748,770
12. Surrender values and withdrawals for life contracts	83,022,761		290,311		83,313,072
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	108,220,929	0	1,029,453	0	109,250,382
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	3	355,000	0	0	0	0	0	0	3	355,000
17. Incurred during current year	18	2,285,108			2	7,542			20	2,292,650
Settled during current year:										
18.1 By payment in full	16	2,180,998			2	7,542			18	2,188,540
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	2,180,998	0	0	2	7,542	0	0	18	2,188,540
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	2,180,998	0	0	2	7,542	0	0	18	2,188,540
19. Unpaid Dec. 31, current year (16+17-18.6)	5	459,110	0	0	0	0	0	0	5	459,110
<b>POLICY EXHIBIT</b>						No. of Policies				
20. In force December 31, prior year	1,297	297,171,814	0 (a)	0	0	85,959	0	0	1,297	297,257,773
21. Issued during year	3	52,000							3	52,000
22. Other changes to in force (Net)	(146)	(30,985,615)				(3,697)			(146)	(30,989,312)
23. In force December 31 of current year	1,154	266,238,199	0 (a)	0	0	82,262	0	0	1,154	266,320,461

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,216	5,216			(314)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	194,390	207,197		47,929	39,256
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	194,390	207,197	0	47,929	39,256
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	199,606	212,413	0	47,929	38,942

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	465,018				465,018
2. Annuity considerations	109,788,749		122,982		109,911,731
3. Deposit-type contract funds	1,898,192	XXX		XXX	1,898,192
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	112,151,959	0	122,982	0	112,274,941
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	788,998				788,998
10. Matured endowments	23,000				23,000
11. Annuity benefits	35,633,873		1,457,917		37,091,790
12. Surrender values and withdrawals for life contracts	94,319,629		1,413,948		95,733,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	130,765,500	0	2,871,865	0	133,637,365
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	105,398	0	0	0	0	0	0	3	105,398
17. Incurred during current year	18	1,014,088							18	1,014,088
Settled during current year:										
18.1 By payment in full	17	811,998			0	0			17	811,998
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	811,998	0	0	0	0	0	0	17	811,998
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	811,998	0	0	0	0	0	0	17	811,998
19. Unpaid Dec. 31, current year (16+17-18.6)	4	307,488	0	0	0	0	0	0	4	307,488
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	592	102,068,517	0 (a)	0	0	16,767	0	0	592	102,085,284
21. Issued during year									0	0
22. Other changes to in force (Net)	(102)	(14,804,630)				(6,814)			(102)	(14,811,444)
23. In force December 31 of current year	490	87,263,887	0 (a)	0	0	9,953	0	0	490	87,273,840

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	143,075	161,325		155,076	313,485
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	143,075	161,325	0	155,076	313,485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	143,075	161,325	0	155,076	313,485

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons  
 insured under indemnity only products ..... 0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	96,937				96,937
2. Annuity considerations			14,047		14,047
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	96,937	0	14,047	0	110,984
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	105,243				105,243
10. Matured endowments					0
11. Annuity benefits			1,483		1,483
12. Surrender values and withdrawals for life contracts	4,000				4,000
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	109,243	0	1,483	0	110,726
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	200,000	0	0	0	0	0	0	2	200,000
17. Incurred during current year	2	188,393							2	188,393
Settled during current year:										
18.1 By payment in full	1	105,243			0	0			1	105,243
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	105,243	0	0	0	0	0	0	1	105,243
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	105,243	0	0	0	0	0	0	1	105,243
19. Unpaid Dec. 31, current year (16+17-18.6)	3	283,150	0	0	0	0	0	0	3	283,150
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	124	24,485,132	0 (a)	0	0	0	0	0	124	24,485,132
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,528,870)							(11)	(1,528,870)
23. In force December 31 of current year	113	22,956,262	0 (a)	0	0	0	0	0	113	22,956,262

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons  
 insured under indemnity only products .....0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	3,725								3,725	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	3,725		0		0		0		3,725	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums									0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									0	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits									0	
10. Matured endowments									0	
11. Annuity benefits	387				2,937				3,324	
12. Surrender values and withdrawals for life contracts	85,713								85,713	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	86,100		0		2,937		0		89,037	
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	5	1,575,000	0 (a)	0	0	0	0	0	5	1,575,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(50,000)							(1)	(50,000)
23. In force December 31 of current year	4	1,525,000	0 (a)	0	0	0	0	0	4	1,525,000

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	1,798								1,798	
2. Annuity considerations					13,687				13,687	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	1,798		0		13,687		0		15,485	
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums									0	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									0	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0		0		0		0	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	0		0		0		0		0	
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits									0	
10. Matured endowments									0	
11. Annuity benefits									0	
12. Surrender values and withdrawals for life contracts									0	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	0		0		0		0		0	
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 0 and number of persons insured under indemnity only products ..... 0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	91,109	0	0	0	91,109
2. Annuity considerations	322,697	0	(27,735)	0	294,962
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	413,806	0	(27,735)	0	386,071
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	3,163,210	0	170,650	0	3,333,860
12. Surrender values and withdrawals for life contracts	633,442	0	2,825	0	636,267
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	3,796,652	0	173,475	0	3,970,127
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	34	9,469,179	0	(a) 0	3	69,313	0	0	37	9,538,492
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(917,187)	0	0	(1)	0	0	0	(3)	(917,187)
23. In force December 31 of current year	32	8,551,992	0	(a) 0	2	69,313	0	0	34	8,621,305

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY**

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0435

**LIFE INSURANCE**

NAIC Company Code 63312

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	26,313,647	0	0	0	26,313,647
2. Annuity considerations	5,627,619,205	0	138,756,516	0	5,766,375,721
3. Deposit-type contract funds	9,707,132	XXX	0	XXX	9,707,132
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,663,639,984	0	138,756,516	0	5,802,396,500
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits	47,641,433	0	1,340,042	0	48,981,475
10. Matured endowments	2,449,442	0	17,966	0	2,467,408
11. Annuity benefits	978,819,695	0	71,047,658	0	1,049,867,353
12. Surrender values and withdrawals for life contracts	2,802,659,356	0	46,645,054	0	2,849,304,410
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	3,831,569,926	0	119,050,720	0	3,950,620,646
<b>DETAILS OF WRITE-INS</b>					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	122	7,102,072	0	0	20	88,573	0	0	142	7,190,645
17. Incurred during current year	757	50,870,743	0	0	202	1,313,694	0	0	959	52,184,437
Settled during current year:										
18.1 By payment in full	762	50,091,584	0	0	208	1,357,299	0	0	970	51,448,883
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	762	50,091,584	0	0	208	1,357,299	0	0	970	51,448,883
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	762	50,091,584	0	0	208	1,357,299	0	0	970	51,448,883
19. Unpaid Dec. 31, current year (16+17-18.6)	117	7,881,231	0	0	14	44,968	0	0	131	7,926,199
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year	36,686	7,052,027,390	0	(a) 0	10	14,244,559	0	0	36,696	7,066,271,949
21. Issued during year	56	1,905,000	0	0	0	0	0	0	56	1,905,000
22. Other changes to in force (Net)	(4,341)	(786,726,688)	0	0	1	(1,218,333)	0	0	(4,340)	(787,945,021)
23. In force December 31 of current year	32,401	6,267,205,702	0	(a) 0	11	13,026,226	0	0	32,412	6,280,231,928

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	72,360	77,862	0	71,347	58,580
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	4,893,377	5,103,226	0	4,063,238	5,615,292
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,893,377	5,103,226	0	4,063,238	5,615,292
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,965,737	5,181,088	0	4,134,585	5,673,872

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	54,851,469
2. Current year's realized pre-tax capital gains/(losses) of \$ .....81,014,344 transferred into the reserve net of taxes of \$ .....17,013,012 .....	64,001,332
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	118,852,801
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	23,520,567
6. Reserve as of December 31, current year (Line 4 minus Line 5)	95,332,234

**AMORTIZATION**

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2021 .....	12,757,827	10,762,741	0	23,520,567
2. 2022 .....	9,457,965	16,273,260	0	25,731,225
3. 2023 .....	7,412,952	9,825,269	0	17,238,221
4. 2024 .....	5,027,213	7,988,012	0	13,015,224
5. 2025 .....	2,901,844	6,017,966	0	8,919,810
6. 2026 .....	2,344,253	4,007,920	0	6,352,172
7. 2027 .....	1,890,341	2,788,339	0	4,678,680
8. 2028 .....	1,638,516	2,314,774	0	3,953,290
9. 2029 .....	1,270,223	1,819,047	0	3,089,269
10. 2030 .....	1,275,743	1,317,182	0	2,592,926
11. 2031 .....	1,030,111	808,931	0	1,839,042
12. 2032 .....	973,780	488,448	0	1,462,228
13. 2033 .....	924,769	386,118	0	1,310,886
14. 2034 .....	853,948	277,391	0	1,131,338
15. 2035 .....	705,858	165,037	0	870,896
16. 2036 .....	611,238	47,163	0	658,401
17. 2037 .....	528,303	(21,246)	0	507,057
18. 2038 .....	450,693	(40,241)	0	410,452
19. 2039 .....	396,576	(60,579)	0	335,997
20. 2040 .....	340,590	(85,044)	0	255,546
21. 2041 .....	335,102	(103,978)	0	231,124
22. 2042 .....	325,853	(118,945)	0	206,908
23. 2043 .....	269,822	(121,650)	0	148,172
24. 2044 .....	260,576	(127,125)	0	133,451
25. 2045 .....	265,879	(127,074)	0	138,805
26. 2046 .....	225,446	(135,300)	0	90,146
27. 2047 .....	173,652	(121,469)	0	52,183
28. 2048 .....	118,250	(96,623)	0	21,627
29. 2049 .....	67,872	(69,016)	0	(1,144)
30. 2050 .....	16,273	(44,170)	0	(27,898)
31. 2051 and Later		(13,803)	0	(13,803)
32. Total (Lines 1 to 31)	54,851,469	64,001,332	0	118,852,801

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	183,209,508	15,068,902	198,278,410	56,838,566	155,584,317	212,422,883	410,701,293
2. Realized capital gains/(losses) net of taxes - General Account .....	92,914		92,914	81,511,109	92,246,994	173,758,103	173,851,017
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....	47,565,250		47,565,250	(32,819,468)	40,524,806	7,705,338	55,270,588
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....			0			0	0
7. Basic contribution .....	67,102,186	6,716,765	73,818,951	0	252,726	252,726	74,071,676
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	297,969,858	21,785,667	319,755,525	105,530,207	288,608,843	394,139,050	713,894,575
9. Maximum reserve .....	307,207,941	24,744,374	331,952,315	45,357,204	161,521,751	206,878,955	538,831,269
10. Reserve objective .....	188,283,932	19,027,164	207,311,096	45,168,201	160,962,179	206,130,380	413,441,476
11. 20% of (Line 10 - Line 8) .....	(21,937,185)	(551,700)	(22,488,886)	(12,072,401)	(25,529,333)	(37,601,734)	(60,090,620)
12. Balance before transfers (Lines 8 + 11) .....	276,032,673	21,233,966	297,266,639	93,457,806	263,079,510	356,537,316	653,803,955
13. Transfers .....			0			0	0
14. Voluntary contribution .....			0			0	0
15. Adjustment down to maximum/up to zero .....			0	(48,100,602)	(101,557,759)	(149,658,361)	(149,658,361)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) .....	276,032,673	21,233,966	297,266,639	45,357,204	161,521,751	206,878,955	504,145,594

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**ASSET VALUATION RESERVE  
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS  
DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1.		Exempt Obligations	100,146,935	XXX	XXX	100,146,935	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	6,692,634,184	XXX	XXX	6,692,634,184	0.0005	3,346,317	0.0016	10,708,215	0.0033	22,085,693
2.2	1	NAIC Designation Category 1.B	1,226,833,596	XXX	XXX	1,226,833,596	0.0005	613,417	0.0016	1,962,934	0.0033	4,048,551
2.3	1	NAIC Designation Category 1.C	1,876,460,196	XXX	XXX	1,876,460,196	0.0005	938,230	0.0016	3,002,336	0.0033	6,192,319
2.4	1	NAIC Designation Category 1.D	1,377,931,367	XXX	XXX	1,377,931,367	0.0005	688,966	0.0016	2,204,690	0.0033	4,547,174
2.5	1	NAIC Designation Category 1.E	923,581,192	XXX	XXX	923,581,192	0.0005	461,791	0.0016	1,477,730	0.0033	3,047,818
2.6	1	NAIC Designation Category 1.F	2,728,601,683	XXX	XXX	2,728,601,683	0.0005	1,364,301	0.0016	4,365,763	0.0033	9,004,386
2.7	1	NAIC Designation Category 1.G	2,540,539,097	XXX	XXX	2,540,539,097	0.0005	1,270,270	0.0016	4,064,863	0.0033	8,383,779
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	17,366,581,315	XXX	XXX	17,366,581,315	XXX	8,683,291	XXX	27,786,530	XXX	57,309,718
3.1	2	NAIC Designation Category 2.A	3,802,101,236	XXX	XXX	3,802,101,236	0.0021	7,984,413	0.0064	24,333,448	0.0106	40,302,273
3.2	2	NAIC Designation Category 2.B	5,401,343,990	XXX	XXX	5,401,343,990	0.0021	11,342,822	0.0064	34,568,602	0.0106	57,254,246
3.3	2	NAIC Designation Category 2.C	3,059,411,094	XXX	XXX	3,059,411,094	0.0021	6,424,763	0.0064	19,580,231	0.0106	32,429,758
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	12,262,856,321	XXX	XXX	12,262,856,321	XXX	25,751,998	XXX	78,482,280	XXX	129,986,277
4.1	3	NAIC Designation Category 3.A	301,109,042	XXX	XXX	301,109,042	0.0099	2,980,980	0.0263	7,919,168	0.0376	11,321,700
4.2	3	NAIC Designation Category 3.B	230,621,508	XXX	XXX	230,621,508	0.0099	2,283,153	0.0263	6,065,346	0.0376	8,671,369
4.3	3	NAIC Designation Category 3.C	230,114,633	XXX	XXX	230,114,633	0.0099	2,278,135	0.0263	6,052,015	0.0376	8,562,310
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	761,845,182	XXX	XXX	761,845,182	XXX	7,542,267	XXX	20,036,528	XXX	28,645,379
5.1	4	NAIC Designation Category 4.A	118,880,829	XXX	XXX	118,880,829	0.0245	2,912,580	0.0572	6,799,983	0.0817	9,712,564
5.2	4	NAIC Designation Category 4.B	148,020,497	XXX	XXX	148,020,497	0.0245	3,626,502	0.0572	8,466,772	0.0817	12,093,275
5.3	4	NAIC Designation Category 4.C	278,357,072	XXX	XXX	278,357,072	0.0245	6,819,748	0.0572	15,922,024	0.0817	22,741,773
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	545,258,398	XXX	XXX	545,258,398	XXX	13,358,831	XXX	31,188,780	XXX	44,547,611
6.1	5	NAIC Designation Category 5.A	19,049,816	XXX	XXX	19,049,816	0.0630	1,200,138	0.1128	2,148,819	0.1880	3,581,365
6.2	5	NAIC Designation Category 5.B	49,916,458	XXX	XXX	49,916,458	0.0630	3,144,737	0.1128	5,630,576	0.1880	9,384,294
6.3	5	NAIC Designation Category 5.C	1,925,501	XXX	XXX	1,925,501	0.0630	121,307	0.1128	217,196	0.1880	361,994
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	70,891,775	XXX	XXX	70,891,775	XXX	4,466,182	XXX	7,996,592	XXX	13,327,654
7.	6	NAIC 6	33,977,827	XXX	XXX	33,977,827	0.0000	0	0.2370	8,052,745	0.2370	8,052,745
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	31,141,557,753	XXX	XXX	31,141,557,753	XXX	59,802,569	XXX	173,543,456	XXX	281,869,384
<b>PREFERRED STOCKS</b>												
10.	1	Highest Quality	32,063,025	XXX	XXX	32,063,025	0.0005	16,032	0.0016	51,301	0.0033	105,808
11.	2	High Quality	266,398,958	XXX	XXX	266,398,958	0.0021	559,438	0.0064	1,704,953	0.0106	2,823,829
12.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	95,931,848	XXX	XXX	95,931,848	0.0630	6,043,706	0.1128	10,821,112	0.1880	18,035,187
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	394,393,831	XXX	XXX	394,393,831	XXX	6,619,176	XXX	12,577,367	XXX	20,964,824

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>SHORT-TERM BONDS</b>												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A	128,385,457	XXX	XXX	128,385,457	0.0005	64,193	0.0016	205,417	0.0033	423,672
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D	55,042,000	XXX	XXX	55,042,000	0.0005	27,521	0.0016	88,067	0.0033	181,639
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F	260,816,962	XXX	XXX	260,816,962	0.0005	130,408	0.0016	417,307	0.0033	860,696
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	444,244,419	XXX	XXX	444,244,419	XXX	222,122	XXX	710,791	XXX	1,466,007
20.1	2	NAIC Designation Category 2.A	31,980,000	XXX	XXX	31,980,000	0.0021	67,158	0.0064	204,672	0.0106	338,988
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	31,980,000	XXX	XXX	31,980,000	XXX	67,158	XXX	204,672	XXX	338,988
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C	145,494	XXX	XXX	145,494	0.0099	1,440	0.0263	3,826	0.0376	5,471
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	145,494	XXX	XXX	145,494	XXX	1,440	XXX	3,826	XXX	5,471
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B	17,855	XXX	XXX	17,855	0.0245	437	0.0572	1,021	0.0817	1,459
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	17,855	XXX	XXX	17,855	XXX	437	XXX	1,021	XXX	1,459
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B	32,757	XXX	XXX	32,757	0.0630	2,064	0.1128	3,695	0.1880	6,158
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	32,757	XXX	XXX	32,757	XXX	2,064	XXX	3,695	XXX	6,158
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	476,420,524	XXX	XXX	476,420,524	XXX	293,222	XXX	924,006	XXX	1,818,082
<b>DERIVATIVE INSTRUMENTS</b>												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality	706,855,811	XXX	XXX	706,855,811	0.0005	353,428	0.0016	1,130,969	0.0033	2,332,624
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	706,855,811	XXX	XXX	706,855,811	XXX	353,428	XXX	1,130,969	XXX	2,332,624
34.		Total (Lines 9 + 17 + 25 + 33)	32,719,227,920	XXX	XXX	32,719,227,920	XXX	67,068,394	XXX	188,175,798	XXX	306,984,915

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**DEFAULT COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other	1,026,237,844		XXX	1,026,237,844	0.0015	1,539,357	0.0034	3,489,209	0.0046	4,720,694
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	260,992,707		XXX	260,992,707	0.0011	287,092	0.0057	1,487,658	0.0074	1,931,346
44.		Commercial Mortgages - All Other - CM2 - High Quality	476,135,397		XXX	476,135,397	0.0040	1,904,542	0.0114	5,427,944	0.0149	7,094,417
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	319,883,797		XXX	319,883,797	0.0069	2,207,198	0.0200	6,397,676	0.0257	8,221,014
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	64,773,649		XXX	64,773,649	0.0120	777,284	0.0343	2,221,736	0.0428	2,772,312
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other	445,708		XXX	445,708	0.0029	1,293	0.0066	2,942	0.0103	4,591
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	2,148,469,101	0	XXX	2,148,469,101	XXX	6,716,765	XXX	19,027,164	XXX	24,744,374
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	2,148,469,101	0	XXX	2,148,469,101	XXX	6,716,765	XXX	19,027,164	XXX	24,744,374

**ASSET VALUATION RESERVE**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>COMMON STOCK</b>												
1.		Unaffiliated - Public .....	19,261,620	XXX	XXX	19,261,620	0.0000	0	0.2297 (a)	4,424,394	0.2297 (a)	4,424,394
2.		Unaffiliated - Private .....	207,833,171	XXX	XXX	207,833,171	0.0000	0	0.1945	40,423,552	0.1945	40,423,552
3.		Federal Home Loan Bank .....	52,500,800	XXX	XXX	52,500,800	0.0000	0	0.0061	320,255	0.0097	509,258
4.		Affiliated - Life with AVR .....	384,058,681	XXX	XXX	384,058,681	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations .....	0	XXX		0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality .....	0	XXX		0	XXX		XXX		XXX	
7.		Fixed Income - High Quality .....	0	XXX		0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality .....	0	XXX		0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality .....	0	XXX		0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality .....	0	XXX		0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default .....	0	XXX		0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public .....	0			0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private .....	0			0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate .....	0			0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other .....	0	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		<b>Total Common Stock (Sum of Lines 1 through 16)</b>	<b>663,654,272</b>	<b>0</b>	<b>0</b>	<b>663,654,272</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>	<b>45,168,201</b>	<b>XXX</b>	<b>45,357,204</b>
<b>REAL ESTATE</b>												
18.		Home Office Property (General Account only) .....	0			0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties .....	0			0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt .....	0			0	0.0000	0	0.1337	0	0.1337	0
21.		<b>Total Real Estate (Sum of Lines 18 through 20)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>	<b>0</b>
<b>OTHER INVESTED ASSETS</b>												
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>												
22.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality .....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality .....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default .....	62,208,764	XXX	XXX	62,208,764	0.0000	0	0.2370	14,743,477	0.2370	14,743,477
29.		<b>Total with Bond Characteristics (Sum of Lines 22 through 28)</b>	<b>62,208,764</b>	<b>XXX</b>	<b>XXX</b>	<b>62,208,764</b>	<b>XXX</b>	<b>0</b>	<b>XXX</b>	<b>14,743,477</b>	<b>XXX</b>	<b>14,743,477</b>

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest Quality .....	155,545,502	XXX	XXX	155,545,502	0.0005	77,773	0.0016	248,873	0.0033	513,300
31.	2	High Quality .....	61,097,310	XXX	XXX	61,097,310	0.0021	128,304	0.0064	391,023	0.0106	647,631
32.	3	Medium Quality .....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality .....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality .....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	216,642,813	XXX	XXX	216,642,813	XXX	206,077	XXX	639,896	XXX	1,160,932
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - Highest Quality .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality .....			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality .....			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other .....		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0007	0	0.0011	0
Overdue, Not in Process Affiliated:												
46.		Farm Mortgages .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other .....			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure Affiliated:												
51.		Farm Mortgages .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants .....			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior .....			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other .....	6,760,641		XXX	6,760,641	0.0069	46,648	0.0200	135,213	0.0257	173,748
61.		Unaffiliated - Overdue, Not in Process .....			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure .....			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	6,760,641	0	XXX	6,760,641	XXX	46,648	XXX	135,213	XXX	173,748
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	6,760,641	0	XXX	6,760,641	XXX	46,648	XXX	135,213	XXX	173,748

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public .....		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private .....	694,663,126	XXX	XXX	694,663,126	0.0000	0	0.1945	135,111,978	0.1945	135,111,978
67.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other .....		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	694,663,126	XXX	XXX	694,663,126	XXX	0	XXX	135,111,978	XXX	135,111,978
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only) .....				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties .....	110,339,216			110,339,216	0.0000	0	0.0912	10,062,936	0.0912	10,062,936
73.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	110,339,216	0	0	110,339,216	XXX	0	XXX	10,062,936	XXX	10,062,936
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0042	0	0.0042	0
82.		NAIC 2 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0137	0	0.0137	0
83.		Other Invested Assets - Schedule BA .....	1,700,503	XXX		1,700,503	0.0000	0	0.1580	268,679	0.1580	268,679
84.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84) .....	1,700,503	XXX	0	1,700,503	XXX	0	XXX	268,679	XXX	268,679
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	1,092,315,061	0	0	1,092,315,061	XXX	252,726	XXX	160,962,179	XXX	161,521,751

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets

**NONE**

Schedule F - Claims

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written	235,738	XXX	(3,148,519)	XXX		XXX		XXX		XXX	3,384,257	XXX		XXX		XXX		XXX
2. Premiums earned	2,778,450	XXX	(639,919)	XXX		XXX		XXX		XXX	3,418,369	XXX		XXX		XXX		XXX
3. Incurred claims	3,175,484	114.3	(853,864)	133.4	0	0.0	0	0.0	0	0.0	4,029,348	117.9	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	3,175,484	114.3	(853,864)	133.4	0	0.0	0	0.0	0	0.0	4,029,348	117.9	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	923,574	33.2	8,597	(1.3)	0	0.0	0	0.0	0	0.0	914,977	26.8	0	0.0	0	0.0	0	0.0
7. Commissions (a)	603,772	21.7	929	(0.1)		0.0		0.0		0.0	602,843	17.6		0.0		0.0		0.0
8. Other general insurance expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	603,772	21.7	929	(0.1)	0	0.0	0	0.0	0	0.0	602,843	17.6	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(1,924,380)	(69.3)	204,419	(31.9)	0	0.0	0	0.0	0	0.0	(2,128,799)	(62.3)	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(1,924,380)	(69.3)	204,419	(31.9)	0	0.0	0	0.0	0	0.0	(2,128,799)	(62.3)	0	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ ..... reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	843,062	1,167				841,895			
2. Advance premiums .....	22,480					22,480			
3. Reserve for rate credits .....	0								
4. Total premium reserves, current year .....	865,542	1,167	0	0	0	864,375	0	0	0
5. Total premium reserves, prior year .....	3,399,774	2,509,767	0	0	0	890,007	0	0	0
6. Increase in total premium reserves .....	(2,534,232)	(2,508,600)	0	0	0	(25,632)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a) .....	36,442,180	185,717				36,256,463			
2. Reserve for future contingent benefits .....	0								
3. Total contract reserves, current year .....	36,442,180	185,717	0	0	0	36,256,463	0	0	0
4. Total contract reserves, prior year .....	35,518,606	177,120	0	0	0	35,341,486	0	0	0
5. Increase in contract reserves .....	923,574	8,597	0	0	0	914,977	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year .....	11,888,136	1,903	0	0	0	11,886,233	0	0	0
2. Total prior year .....	12,867,714	850,420	0	0	0	12,017,294	0	0	0
3. Increase .....	(979,578)	(848,517)	0	0	0	(131,061)	0	0	0

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....	3,747,789					3,747,789			
1.2 On claims incurred during current year .....	407,273	(5,347)				412,620			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	8,615,066	128				8,614,938			
2.2 On claims incurred during current year .....	3,273,070	1,775				3,271,295			
3. Test:									
3.1 Lines 1.1 and 2.1 .....	12,362,855	128	0	0	0	12,362,727	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year .....	12,867,714	850,420	0	0	0	12,017,294	0	0	0
3.3 Line 3.1 minus Line 3.2 .....	(504,859)	(850,292)	0	0	0	345,433	0	0	0

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	235,738	(3,148,519)				3,384,257			
2. Premiums earned .....	2,778,450	(639,919)				3,418,369			
3. Incurred claims .....	3,175,484	(853,867)				4,029,351			
4. Commissions .....	603,772	929	0			602,843			
B. Reinsurance Ceded:									
1. Premiums written .....	5,183,826	79,523				5,103,066	1,237		
2. Premiums earned .....	5,184,330	79,536				5,103,536	1,258		
3. Incurred claims .....	5,673,874	176,826				5,495,048	2,000		
4. Commissions .....	180,469	8,551	0			171,918			

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....			5,673,874	5,673,874
2. Beginning Claim Reserves and Liabilities .....	0	0	6,732,773	6,732,773
3. Ending Claim Reserves and Liabilities .....			8,272,060	8,272,060
4. Claims Paid .....	0	0	4,134,587	4,134,587
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims .....			3,175,484	3,175,484
6. Beginning Claim Reserves and Liabilities .....	0	0	12,867,714	12,867,714
7. Ending Claim Reserves and Liabilities .....			11,888,136	11,888,136
8. Claims Paid .....	0	0	4,155,062	4,155,062
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims .....			5,673,874	5,673,874
10. Beginning Claim Reserves and Liabilities .....	0	0	6,732,773	6,732,773
11. Ending Claim Reserves and Liabilities .....			8,272,060	8,272,060
12. Claims Paid .....	0	0	4,134,587	4,134,587
<b>D. Net:</b>				
13. Incurred Claims .....	0	0	3,175,484	3,175,484
14. Beginning Claim Reserves and Liabilities .....	0	0	12,867,714	12,867,714
15. Ending Claim Reserves and Liabilities .....	0	0	11,888,136	11,888,136
16. Claims Paid .....	0	0	4,155,062	4,155,062
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred Claims and Cost Containment Expenses .....			3,175,484	3,175,484
18. Beginning Reserves and Liabilities .....	0	0	12,867,714	12,867,714
19. Ending Reserves and Liabilities .....			11,888,136	11,888,136
20. Paid Claims and Cost Containment Expenses .....	0	0	4,155,062	4,155,062

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 1 - SECTION 1**

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates							0	0	0	0	0	0
0699999. Total General Account - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total General Account - Affiliates							0	0	0	0	0	0
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/I	FA		296,043				
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/I	OL	2,817,326	1,176,410	170,330	105,353		
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/G	FA		1,407,867	11,840			
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	CO/I	FA		85,541,554	168,387	1,441,017		
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	CO/I	OL	257,287,839	100,308,189	2,771,156	3,088,381		
61727	34-0970995	08/31/2012	Cigna National Health Insurance Company	OH	CO/I	FA		3,554,842	72,981	21,750		
61727	34-0970995	08/31/2012	Cigna National Health Insurance Company	OH	CO/I	OL	9,339,975	1,309,720	226,221	11,860		
67903	23-1335885	08/31/2012	Provident American Life & Health Insurance Company	OH	CO/I	OL	5,161,867	2,220,486	385,299	85,538		
88366	59-2760189	08/31/2012	American Retirement Life Insurance Company	OH	CO/I	OL	925,816	648,557		28,164		
65722	63-0343428	01/01/2007	Loyal American Life Insurance Company	OH	CO/I	IA		16,655,845	175,729	199,292		
62200	95-2496321	06/30/2011	Accordia Life and Annuity Company	IA	CO/I	FA		2,709,687	2,200	29,735		
62200	95-2496321	06/30/2011	Accordia Life and Annuity Company	IA	CO/I	OL	2,638,884	2,141,624		103,326		
0899999. General Account - U.S. Non-Affiliates							278,171,707	217,970,824	3,984,143	5,114,416	0	0
1099999. Total General Account - Non-Affiliates							278,171,707	217,970,824	3,984,143	5,114,416	0	0
1199999. Total General Account							278,171,707	217,970,824	3,984,143	5,114,416	0	0
1499999. Total Separate Accounts - U.S. Affiliates							0	0	0	0	0	0
1799999. Total Separate Accounts - Non-U.S. Affiliates							0	0	0	0	0	0
1899999. Total Separate Accounts - Affiliates							0	0	0	0	0	0
2199999. Total Separate Accounts - Non-Affiliates							0	0	0	0	0	0
2299999. Total Separate Accounts							0	0	0	0	0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							278,171,707	217,970,824	3,984,143	5,114,416	0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)							0	0	0	0	0	0
9999999 - Totals							278,171,707	217,970,824	3,984,143	5,114,416	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	QA/I	LTC	3,384,258	841,895	47,719,276	423,421		
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	QA/G	LTC	11,405	1,167	187,525	95		
0899999. U.S. Non-Affiliates							3,395,663	843,062	47,906,801	423,516	0	0
1099999. Total - Non-Affiliates							3,395,663	843,062	47,906,801	423,516	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							3,395,663	843,062	47,906,801	423,516	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							3,395,663	843,062	47,906,801	423,516	0	0

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**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
87572	23-2038295	01/01/1983	Scottish Re US, Inc.	DE	56,250	
82627	06-0839705	01/01/1973	Swiss Re Life and Health of America	MO	37,500	
64688	75-6020048	01/01/1982	SCOR Global Life Americas Reinsurance Company	DE	21,488	
68276	48-1024691	01/01/1998	Employers Reassurance Corporation	KS	295,524	49,415
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	12,500	461,916
93572	43-1235868	01/01/1998	RGA Reinsurance Company	MO	12,500	312,500
68713	84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO	62,500	789,850
82627	06-0839705	01/01/1998	Swiss Re Life and Health of America	MO	308,024	361,915
68713	84-0499703	01/01/2000	Security Life of Denver Insurance Company	CO	395,000	2,915,800
93572	43-1235868	01/01/2003	RGA Reinsurance Company	MO	120,000	25,000
87572	23-2038295	01/01/2003	Scottish Re US, Inc.	DE	1,636,900	
68713	84-0499703	01/01/2003	Security Life of Denver Insurance Company	CO	70,000	25,000
86231	39-0989781	01/01/2003	Transamerica Life Insurance Company	IA	480,000	100,000
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	234,622	124,744
88340	59-2859797	08/31/2012	Hannover Life Reassurance Company of America	FL		2,303,706
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	95,000	
84824	04-6145677	05/07/2020	Commonwealth Annuity and Life Insurance Company	MA		5,437,029
84824	04-6145677	10/01/2020	Commonwealth Annuity and Life Insurance Company	MA		38,939,374
0899999. Life and Annuity - U.S. Non-Affiliates					3,837,808	51,846,249
1099999. Total Life and Annuity - Non-Affiliates					3,837,808	51,846,249
1199999. Total Life and Annuity					3,837,808	51,846,249
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH		238,576
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX		223,363
1999999. Accident and Health - U.S. Non-Affiliates					0	461,939
2199999. Total Accident and Health - Non-Affiliates					0	461,939
2299999. Total Accident and Health					0	461,939
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					3,837,808	52,308,188
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					3,837,808	52,308,188

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year			
0399999. Total General Account - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0	0
88099	75-1608507	01/01/1982	Optimum Re Insurance Company	TX	YRT/I	OL	50,000	1,192	1,092	2,300					
87572	23-2038295	01/01/1983	Scottish Re (US) Inc.	DE	CO/I	OL	1,834,500								
82627	06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO	OTH/I	OL				22					
82627	06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO	YRT/I	OL	75,000	1,335	2,843	8,390					
82627	06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO	CO/I	OL	8,644,520	302,240	318,903	40,248					
82627	06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO	OTH/I	OL		69,157	72,740						
64688	75-6020048	01/01/1982	SCOR Global Life Americas Reinsurance Company	DE	MCO/I	OL	1,238,000	85	133	9,980			559,728		
68276	48-1024691	01/01/1998	Employers Reassurance Corporation	KS	CO/I	OL	33,507,485	77,917	72,789	173,686					
86258	13-2572994	07/01/1999	General Re Life Corporation	CT	CO/I	OL		37,615	57,627	11,573					
86258	13-2572994	10/01/2003	General Re Life Corporation	CT	YRT/I	OL		148,333	285	5,243					
97071	13-3126819	01/01/2000	SCOR Global Life USA Reinsurance Company	DE	CO/I	XXXL	3,320,000	29,382	62,449	8,632					
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	CO/I	OL	51,355,107	749,463	743,540	222,348					
88340	59-2859797	01/01/2000	Hannover Life Reassurance Company of America	FL	CO/I	XXXL	900,000	14,394	16,228						
88340	59-2859797	12/31/2002	Hannover Life Reassurance Company of America	FL	CO/I	OL	568,141,573	58,020,895	58,555,416	3,896,239					
88340	59-2859797	10/01/2003	Hannover Life Reassurance Company of America	FL	YRT/I	OL	26,423,621	20,193	19,242	171,240					
88340	59-2859797	12/31/2018	Hannover Life Reassurance Company of America	FL	OTH/I	JA		175,934,681	176,119,285	90,510,532					
88099	75-1608507	11/09/2004	Optimum Re Insurance Company	TX	YRT/I	OL	881,031	842	761						
93572	43-1235868	01/01/1998	RGA Reinsurance Company	MO	CO/I	OL	42,159,707	685,102	684,797	165,278					
93572	43-1235868	01/01/2003	RGA Reinsurance Company	MO	CO/I	XXXL	119,724,292	3,196,527	3,721,445	151,111					
93572	43-1235868	10/01/2003	RGA Reinsurance Company	MO	YRT/I	OL	1,527,990	2,116	1,882	25,781					
87572	23-2038295	01/01/2003	Scottish Re US Inc.	DE	CO/I	XXXL	239,758,356			310,328					
68713	84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO	YRT/I	OL	42,427,887	46,146	44,258	520,497					
68713	84-0499703	01/01/1999	Security Life of Denver Insurance Company	CO	CO/I	OL	62,536,107	1,432,376	1,425,715	381,748					
68713	84-0499703	04/01/1999	Security Life of Denver Insurance Company	CO	CO/I	OL	700,000	7,347	6,705	15,908					
68713	84-0499703	01/01/2000	Security Life of Denver Insurance Company	CO	CO/I	XXXL	2,224,802,350	73,426,967	92,619,559	5,798,844					
68713	84-0499703	01/01/2003	Security Life of Denver Insurance Company	CO	CO/I	XXXL	124,015,753	3,234,100	3,753,684	219,233					
82627	06-0839705	01/01/1998	Swiss Re Life & Health America Inc.	MO	CO/I	OL	36,259,707	652,172	654,848	156,768					
82627	06-0839705	01/01/1998	Swiss Re Life & Health America Inc.	MO	YRT/I	OL	17,129,665	15,744	14,794	107,865					
86231	39-0989781	01/01/2003	Transamerica Life Insurance Company	IA	CO/I	XXXL	479,412,668	12,786,121	14,886,587	620,178					
64688	75-6020048	10/01/2003	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	676,352	1,129	1,013	20,343					
84824	04-6145677	05/07/2020	Commonwealth Annuity and Life Insurance Company	MA	CO/I	JA		1,033,180,498	445,696,114	618,949,720					
84824	04-6145677	10/01/2020	Commonwealth Annuity and Life Insurance Company	MA	CO/I	JA		5,166,921,552	5,542,300,137	44,530,230					
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/I	FA		2,385,979	2,502,527						
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/G	FA		1,693,073	1,749,758						
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/I	OL	11,614,593	8,734,542	9,513,958						
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/G	OL	11,593,926	8,744,679	9,522,343						
66346	58-0828824	01/01/2006	Munich American Reassurance Company	GA	CO/I	OL				26,340					
88340	59-2859797	08/31/2012	Hannover Life Reassurance Company of America	FL	CO/I	OL	174,997,866	83,011,777	86,748,315	2,151,651					
0899999. General Account - Authorized U.S. Non-Affiliates								4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0
1099999. Total General Account - Authorized Non-Affiliates								4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0
1199999. Total General Account Authorized								4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates								0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized								0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates								0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates								0	0	0	0	0	0	0	0
3399999. Total General Account Certified								0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates								0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
4099999			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
4499999			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0	0
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
5299999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				0	0	0	0	0	0	0	0
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0	0
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
6399999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0	0
6699999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0
6799999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0	0
7099999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0	0
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999			Totals				4,285,856,389	6,635,417,623	6,451,891,743	769,212,256	0	0	559,728	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	QA/I	LTC	2,691,021	737,807	46,137,090				
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	QA/G	LTC	77,982	7,740	4,485,595				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	A	910	250	3,807				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	LTDI	3,339	1,867	45,379				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	MS	2,409,048	104,153	1,037,817				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	OM	1,526	490	15,857				
0899999	General Account - Authorized U.S. Non-Affiliates						5,183,826	852,307	51,725,545	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						5,183,826	852,307	51,725,545	0	0	0	0
1199999	Total General Account Authorized						5,183,826	852,307	51,725,545	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						5,183,826	852,307	51,725,545	0	0	0	0
4899999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						5,183,826	852,307	51,725,545	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999	Totals						5,183,826	852,307	51,725,545	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	774,396	6,717,488	126,925	30,721	32,653
2. Commissions and reinsurance expense allowances .....	(50,838)	(26,623)	514,414	(504,084)	6,404
3. Contract claims .....	165,253	96,053	43,248	46,219	38,791
4. Surrender benefits and withdrawals for life contracts .....	648,827	219,717	36,540	5,242	4,918
5. Dividends to policyholders and refunds to members .....	183	190	195	205	213
6. Reserve adjustments on reinsurance ceded .....	0	0	(1,080)	(2,815)	(2,212)
7. Increase in aggregate reserve for life and accident and health contracts .....	186,928	5,973,186	(533,772)	625,707	(16,956)
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	16	32	21	13	16
9. Aggregate reserves for life and accident and health contracts .....	6,687,740	6,500,988	527,778	1,061,574	435,868
10. Liability for deposit-type contracts .....	256	79	103	80	79
11. Contract claims unpaid .....	52,308	38,332	6,871	7,156	6,154
12. Amounts recoverable on reinsurance .....	2,745	4,067	1,618	1,848	2,599
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends and refunds to members (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....		0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....		0	0	0	0
23. Funds deposited by and withheld from (F) .....		0	0	0	0
24. Letters of credit (L) .....		0	0	0	0
25. Trust agreements (T) .....		0	0	0	0
26. Other (O) .....		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	37,304,917,501	23,327,590	37,328,245,091
2. Reinsurance (Line 16) .....	69,488,718	(68,171,273)	1,317,445
3. Premiums and considerations (Line 15) .....	6,826,298	17,053	6,843,351
4. Net credit for ceded reinsurance .....	XXX	7,041,340,492	7,041,340,492
5. All other admitted assets (balance) .....	1,000,085,674		1,000,085,674
6. Total assets excluding Separate Accounts (Line 26) .....	38,381,318,191	6,996,513,862	45,377,832,053
7. Separate Account assets (Line 27) .....	67,583,584		67,583,584
8. Total assets (Line 28) .....	38,448,901,775	6,996,513,862	45,445,415,637
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	33,290,448,931	6,687,739,526	39,978,188,457
10. Liability for deposit-type contracts (Line 3) .....	592,074,541	255,949	592,330,490
11. Claim reserves (Line 4) .....	270,605,116	52,308,189	322,913,305
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	265,263	44,117	309,380
14. Other contract liabilities (Line 9) .....	99,766,557	257,256,450	357,023,007
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....	0		0
19. All other liabilities (balance) .....	1,250,037,161	(1,090,369)	1,248,946,792
20. Total liabilities excluding Separate Accounts (Line 26) .....	35,503,197,569	6,996,513,862	42,499,711,431
21. Separate Account liabilities (Line 27) .....	67,583,584		67,583,584
22. Total liabilities (Line 28) .....	35,570,781,153	6,996,513,862	42,567,295,015
23. Capital & surplus (Line 38) .....	2,878,120,622	XXX	2,878,120,622
24. Total liabilities, capital & surplus (Line 39) .....	38,448,901,775	6,996,513,862	45,445,415,637
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	6,687,739,526		
26. Claim reserves .....	52,308,189		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	44,117		
29. Liability for deposit-type contracts .....	255,949		
30. Other contract liabilities .....	257,256,450		
31. Reinsurance ceded assets .....	68,171,273		
32. Other ceded reinsurance recoverables .....	(23,327,590)		
33. Total ceded reinsurance recoverables .....	7,042,447,914		
34. Premiums and considerations .....	17,053		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	1,090,369		
40. Total ceded reinsurance payable/offsets .....	1,107,422		
41. Total net credit for ceded reinsurance .....	7,041,340,492		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
States, Etc.							
1. Alabama	AL	242,930	218,792,536		12,763	0	219,048,229
2. Alaska	AK	11,229	2,945,262			0	2,956,491
3. Arizona	AZ	551,381	116,118,788		11,682	269,598	116,951,449
4. Arkansas	AR	151,121	58,757,017		5,645	0	58,913,783
5. California	CA	5,352,582	428,389,022	345	6,544	119,035	433,867,528
6. Colorado	CO	268,511	50,453,456		79,813	0	50,801,780
7. Connecticut	CT	424,298	102,325,263	82		0	102,749,643
8. Delaware	DE	80,780	26,506,641			0	26,587,421
9. District of Columbia	DC	37,830	4,130,519			0	4,168,349
10. Florida	FL	1,953,250	517,699,972	164	45,738	181,914	519,881,038
11. Georgia	GA	863,058	215,059,349		73,379	0	215,995,786
12. Hawaii	HI	295,598	74,750,497			114,455	75,160,550
13. Idaho	ID	99,827	40,149,099		2,257	0	40,251,183
14. Illinois	IL	1,008,528	159,290,719		89,752	0	160,388,999
15. Indiana	IN	221,568	152,097,610		1,580	417,131	152,737,889
16. Iowa	IA	150,300	53,344,883		3,753	0	53,498,936
17. Kansas	KS	172,982	27,700,803		65,740	0	27,939,525
18. Kentucky	KY	210,456	81,941,213		1,272	0	82,152,941
19. Louisiana	LA	254,851	164,921,454			0	165,176,305
20. Maine	ME	92,772	24,142,736		3,654	0	24,239,162
21. Maryland	MD	669,596	75,083,171		8,782	0	75,761,549
22. Massachusetts	MA	565,067	149,164,239		1,239	2,106,708	151,837,253
23. Michigan	MI	326,821	237,984,590			212,944	238,524,355
24. Minnesota	MN	429,646	97,665,235		3,794	223,087	98,321,762
25. Mississippi	MS	144,476	60,253,938		2,541	0	60,400,955
26. Missouri	MO	366,279	272,145,172		94,097	69,383	272,674,931
27. Montana	MT	9,505	2,823,069		6,987	0	2,839,561
28. Nebraska	NE	167,220	19,454,136		43,981	0	19,665,337
29. Nevada	NV	323,237	28,567,964	357		0	28,891,558
30. New Hampshire	NH	91,584	35,324,745		52,319	1,218,399	36,687,047
31. New Jersey	NJ	703,513	272,453,120	460	2,491	0	273,159,584
32. New Mexico	NM	220,765	11,510,898			247,443	11,979,106
33. New York	NY	152,931	16,958,070		3,972	0	17,114,973
34. North Carolina	NC	1,055,423	245,783,263		1,191,655	0	248,030,341
35. North Dakota	ND	56,576	13,614,597			0	13,671,173
36. Ohio	OH	633,037	264,091,562		3,900	61,740	264,790,239
37. Oklahoma	OK	548,406	19,131,585		3,054	0	19,683,045
38. Oregon	OR	135,894	32,152,310		62,390	218,662	32,569,256
39. Pennsylvania	PA	1,323,024	269,052,720		6,615	453,196	270,835,555
40. Rhode Island	RI	64,043	39,089,980		7,620	0	39,161,643
41. South Carolina	SC	444,883	154,487,398		11,335	1,207,811	156,151,427
42. South Dakota	SD	45,275	9,184,880			0	9,230,155
43. Tennessee	TN	454,488	276,072,597		110,018	337,574	276,974,677
44. Texas	TX	2,640,854	254,951,811		6,192	349,860	257,948,717
45. Utah	UT	144,891	36,512,596			0	36,657,487
46. Vermont	VT	35,679	11,695,148		16,911	0	11,747,738
47. Virginia	VA	1,044,075	103,001,702	45	151,095	0	104,196,917
48. Washington	WA	465,018	109,911,731	104	142,972	1,898,192	112,418,017
49. West Virginia	WV	120,149	37,451,968			0	37,572,117
50. Wisconsin	WI	268,747	88,248,746		211,400	0	88,728,893
51. Wyoming	WY	24,235	2,734,005			0	2,758,240
52. American Samoa	AS	0	0			0	0
53. Guam	GU	96,937	14,047			0	110,984
54. Puerto Rico	PR	889	(20,760)			0	(19,871)
55. U.S. Virgin Islands	VI	3,725	0			0	3,725
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	1,798	13,687			0	15,485
58. Aggregate Other Alien	OT	91,109	294,962			0	386,071
59. Total		26,313,647	5,766,375,721	1,557	2,548,932	9,707,132	5,804,946,989

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0435	Massachusetts Mut Life Ins Co	65935	04-1590850	3848388			Massachusetts Mutual Life Insurance Company (MMLIC)	MA	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	93432	06-1041383				C.M. Life Insurance Company	CT	IA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	70416	43-0581430				MML Bay State Life Insurance Company	CT	IA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000			06-1041383				CML Mezzanine Investor III, LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000							CML Special Situations Investor LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
.0000							CML Global Capabilities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MassMutual Global Business Services India LLP	IND	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities (Netherlands) B.V.	NLD	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Global Business Services Romania S.R.L.	ROU	NIA	MM Global Capabilities (Netherlands) B.V.	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Global Capabilities III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM/Barings Multifamily TEBS 2020 LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MML Special Situations Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	C.M. Life Insurance Company	Influence		MMLIC		
.0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Wood Creek Capital Management LLC	Management		MMLIC		
.0000							Lyme Adirondack Forest Company, LLC	DE	NIA	Timberland Forest Holding LLC	Ownership	100.000	MMLIC		
.0000							Lyme Adirondack Timberlands I, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
.0000							Lyme Adirondack Timberlands II, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				Berkshire Way LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MSP-SC, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							EM Opportunities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MassMutual MCAM Insurance Company, Inc.	VT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				Insurance Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Trad Private Equity LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Intellectual Property LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000							Trad Investments I LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Private Equity Funds LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Private Equity Funds Subsidiary LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							ITPSHolding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							HITPS LLC	DE	NIA	ITPS Holding LLC	Ownership	100.000	MMLIC		
.0000							JFIN Parent LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			27-0105644				Jefferies Finance LLC	DE	NIA	JFIN Parent LLC	Ownership	50.000	MMLIC		1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000	Massachusetts Mut Life Ins Co	63312	86-2294635				Glidpath Holdings Inc.	DE	UDP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co	93661	13-1935920				Great American Life Insurance Company	OH	RE	Glidpath Holdings Inc.	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co	67083	31-1422717				AAG Insurance Agency, LLC	KY	NIA	Great American Life Insurance Company	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co		31-1021738				Annuity Investors Life Insurance Company	OH	DS	Great American Life Insurance Company	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co		31-1395344				Great American Advisors, LLC	OH	NIA	Great American Life Insurance Company	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co		26-3260520				Manhattan National Holding, LLC	OH	DS	Great American Life Insurance Company	Ownership	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co		45-0252531				Manhattan National Life Insurance Company	OH	DS	Manhattan National Holding LLC	Ownership	100.000	MLLIC		
.0000							MassMutual Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							JFIN GP Adviser LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Fund III LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Jefferies Credit Partners LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Apex Credit Partners LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFAM GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFAM GP LP	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							Jefferies Direct Lending Fund C LP	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							Jefferies DLF C Holdings LLC	DE	NIA	JFAM GP LP	Ownership	100.000	MLLIC		
.0000							Jefferies Direct Lending Fund C SPE LLC	DE	NIA	Jefferies DLF C Holdings LLC	Ownership	100.000	MLLIC		
.0000							Jefferies Senior Lending LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Holdings LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Holdings II LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Co-Issuer Corporation	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Europe GP, S.a.r.l.	LUX	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Jefferies Finance Europe, S.L.P.	LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MLLIC		
.0000							Jefferies Finance Europe, SCSp	LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MLLIC		
.0000							Jefferies Finance Business Credit LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Business Credit Fund I LLC	DE	NIA	Jefferies Finance Business Credit LLC	Ownership	100.000	MLLIC		
.0000							JFIN Funding 2021 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN High Yield Investments LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN LC Fund LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2017 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2017-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2017-III Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2018 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2019 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2019-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2020 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2021-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver CLO 2021-V Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Fund, L.P.	DE	NIA	Jefferies Finance LLC	Ownership	90.000	MLLIC		
.0000							JFIN Revolver Funding 2021 Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Funding 2021 III Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							JFIN Revolver Funding 2021 IV Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MLLIC		
.0000							Apex Credit Holdings LLC	DE	NIA	JFIN Parent LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2012 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2013 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2014 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2014-II Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2015 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2015-II Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	85.000	MLLIC		
.0000							JFIN CLO 2016 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2017 Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		
.0000							JFIN CLO 2017-II Ltd.	CYM	NIA	Apex Credit Partners LLC	Ownership	100.000	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			04-1590850				MM Copper Hill Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Direct Private Investments Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							MM Direct Private Investments UK Limited	GBR	NIA	MM Direct Private Investments Holding LLC	Ownership	100.000	MMLIC		
.0000							MM Investment Holding	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	MM Investment Holding	Ownership	99.600	MMLIC		
.0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.400	MMLIC		
.0000			90-1005837				MMAF Equipment Finance LLC 2013-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			36-4785301				MMAF Equipment Finance LLC 2014-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			38-3969560				MMAF Equipment Finance LLC 2015-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			32-0489588				MMAF Equipment Finance LLC 2016-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			35-2590691				MMAF Equipment Finance LLC 2017-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			32-0546197				MMAF Equipment Finance LLC 2017-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			82-5335801				MMAF Equipment Finance LLC 2018-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			83-3722640				MMAF Equipment Finance LLC 2019-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000							MMAF Equipment Finance LLC 2019-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000							MMAF Equipment Finance LLC 2021-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000							Rozier LLC	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
.0000			04-2443240				MML Management Corporation	MA	NIA	MM Investment Holding	Ownership	100.000	MMLIC		
.0000			04-3548444				MassMutual International Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
.0000			04-3341767				MassMutual Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
.0000							MML CM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000							Blueprint Income LLC	NY	NIA	MML CM LLC	Ownership	100.000	MMLIC		
.0000							Flourish Digital Assets LLC	DE	NIA	MML CM LLC	Ownership	100.000	MMLIC		
.0000							Flourish Financial LLC	DE	NIA	MML CM LLC	Ownership	100.000	MMLIC		
.0000							Flourish Technologies LLC	DE	NIA	MML CM LLC	Ownership	100.000	MMLIC		
.0000			04-3356880				MML Distributors LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
.0000			04-3356880				MML Distributors LLC	MA	NIA	MassMutual Holding LLC	Ownership	1.000	MMLIC		
.0000							MML Investment Advisers, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			46-3238013				MML Strategic Distributors, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			06-1563535	2881445			The MassMutual Trust Company, FSB	CT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Private Placement Investment Company I, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Baring Asset Management Limited	Management		MMLIC		
.0000			04-1590850				MM Private Equity Intercontinental LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			45-2738137				Pioneers Gate LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-2854319	2392316			MassMutual Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			06-1597528				MassMutual Assignment Company	NC	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			37-1732913				Fern Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Steeper Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			46-2252944				Haven Life Insurance Agency, LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MassMutual Capital Partners LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.0000							MassMutual Ventures Holding LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Athens Fund Management LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							Crane Venture Partners LLP	GBR	NIA	MassMutual Ventures Holding LLC	Ownership	33.000	MMLIC		
.0000							MassMutual Ventures Management LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures SEA Management Private Limited	DE	NIA	MassMutual Ventures Management LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures Southeast Asia II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures UK LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000			47-1296410				MassMutual Ventures US I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US III LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							MassMutual Ventures US IV LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000							Open Alternatives LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MM Rothesay Holdco US LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000							Rothesay Limited	GBR	NIA	MM Rothesay Holdco US LLC	Ownership	48.900	MMLIC		
.0000							Rothesay Life Plc	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.1 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.2 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.3 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay MA No.4 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							LT Mortgage Finance Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay Property Partnership 1 LLP	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
.0000							Rothesay Foundation	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Pensions Management Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management UK Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management Australia Pty Ltd	AUS	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
.0000							Rothesay Asset Management US LLC	DE	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
.0000							MM Catalyst Fund LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			47-1466022				LifeScore Labs, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Investors Services, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				MML Insurance Agency, LLC	MA	NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
.0000			41-2011634				MMLISI Financial Alliances, LLC	DE	NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
.0000			45-4000072				MM Asset Management Holding LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
.0000			51-0504477				Barings LLC	DE	NIA	MassMutual Asset Management Holding LLC	Ownership	100.000	MMLIC		
.0000			98-0524271				Baring Asset Management (Asia) Holdings Limited	HKG	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			98-0457465				Baring International Fund Managers (Bermuda) Limited	BMU	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0457463				Baring Asset Management (Asia) Limited	HKG	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Baring Asset Management Korea Limited	KOR	NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		
.0000							Barings Investment Management (Shanghai) Limited	HKG	NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		
.0000							Barings Overseas Investment Fund Management (Shanghai) Limited	HKG	NIA	Barings Investment Management (Shanghai) Limited	Ownership	100.000	MMLIC		
.0000			98-0457707				Baring SICE (Taiwan) Limited	TWN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Singapore Pte. Ltd.	SGP	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0236449				Barings Japan Limited	JPN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Australia Holding Company Pty Ltd	AUS	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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.0000			98-0457456				Barings Australia Pty Ltd	AUS	NIA	Baring Australia Holding Company Pty Ltd.	Ownership	100.000	MMLIC		
.0000			80-0875475				Barings Finance LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BCF Europe Funding Limited	IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000							BCF Senior Funding I LLC	DE	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000							BCF Senior Funding I Designated Activity Company	IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
.0000			04-3238351				Barings Securities LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			98-0437588				Barings Guernsey Limited	GGY	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Europe Limited	GBR	NIA	Barings Guernsey Limited	Ownership	100.000	MMLIC		
.0000							Barings Asset Management Spain SL	ESP	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Italy S.r.l.	ITA	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Sweden AB	SWE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Netherlands B.V.	NLD	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Real Estate UK Holdings Limited	DE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000			98-0654401				Barings Real Estate Advisers (Continental Europe) Limited	GBR	NIA	Barings Real Estate UK Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-1194368				Barings Real Estate GmbH	DEU	NIA	Barings Real Estate UK Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0241935				Barings Asset Management Limited	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings European Direct Lending 1 GP LLP	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-1012393				Barings Global Advisors Limited	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-0457328				Barings International Investment Limited	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-0457587				Barings International Investment Management Holdings	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000			98-0457576				Barings Asset Management UK Holdings Limited	GBR	NIA	Barings International Investment Management Holdings	Ownership	100.000	MMLIC		
.0000			98-0524272				Barings International Fund Managers (Ireland) Limited	IRL	NIA	Barings Asset Management UK Holdings Limited	Ownership	100.000	MMLIC		
.0000							Barings Asset Management Switzerland Srl	CHE	NIA	Barings Asset Management UK Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0497550				Barings France SAS	FRA	NIA	Barings Asset Management UK Holdings Limited	Ownership	100.000	MMLIC		
.0000			98-0457586				Barings Fund Managers Limited	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000							BCGSS 2 GP LLP	GBR	NIA	Barings Fund Managers Limited	Ownership	100.000	MMLIC		
.0000			98-0457578				Barings Investment Services Limited	GBR	NIA	Barings Asset Management Limited	Ownership	100.000	MMLIC		
.0000							Barings Core Fund Feeder 1 GP S.à.r.l.	LUX	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings BME GP S.à.r.l.	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings GPC GP S.à.r.l.	LUX	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings European Core Property Fund GP Sarl	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Investment Fund (LUX) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings Umbrella Fund (LUX) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							GPLF4(S) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000			98-0432153				PREIF Holdings Limited Partnership	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
.0000							Barings (U.K.) Limited	GBR	NIA	Barings Guernsey Limited	Ownership	100.000	MMLIC		
.0000							BMC Holdings DE LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			04-3238351	3456895			Barings Real Estate Advisers Inc.	CA	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			81-4258759				CRA Aircraft Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.000	MMLIC		
.0000			81-4258759				CRA Aircraft Holding LLC	DE	NIA	Barings LLC	Influence		MMLIC		
.0000			83-0560183				Aland Royalty Holdings LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	26.700	MMLIC		
.0000			83-0560183				Aland Royalty Holdings LP	DE	NIA	Barings LLC	Management		MMLIC		
.0000			82-2932156				GASL Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	11.300	MMLIC		
.0000			82-2932156				GASL Holdings LLC	DE	NIA	Barings LLC	BOARD		MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.0000			46-2344300				Intermodal Holdings II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	18.000	MMLIC		
.0000			46-2344300				Intermodal Holdings II LLC	DE	NIA	Barings LLC	Management		MMLIC		
.0000							Novation Companies, Inc.	MD	NIA	Massachusetts Mutual Life Insurance Company	Ownership	16.500	MMLIC		
.0000							Novation Companies, Inc.	MD	NIA	Barings LLC	Influence		MMLIC		
.0000			46-5460309				Red Lake Ventures, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	31.500	MMLIC		
.0000			46-5460309				Red Lake Ventures, LLC	DE	NIA	Barings LLC	Influence		MMLIC		
.0000			81-4065378				Remington L & W Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	19.900	MMLIC		
.0000			81-4065378				Remington L & W Holdings LLC	DE	NIA	Barings LLC	Influence		MMLIC		
.0000							Tamiami Citrus, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	15.700	MMLIC		
.0000							Tamiami Citrus, LLC	DE	NIA	Barings LLC	Management/Board		MMLIC		
.0000							Teaktree Acquisition, LLC	DE	NIA	MassMutual Holding LLC	Ownership/Influence	14.700	MMLIC		
.0000							Teaktree Acquisition, LLC	DE	NIA	Barings LLC	Influence		MMLIC		
.0000							Techquity, LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	15.600	MMLIC		
.0000							Techquity, LP	DE	NIA	Barings LLC	Influence		MMLIC		
.0000			46-0687392				Validus Holdings Company LLC	DE	NIA	Barings LLC	Ownership	40.400	MMLIC		
.0000							Validus Pharmaceuticals LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	70.000	MMLIC		
.0000							Validus Pharmaceuticals LLC	DE	NIA	Barings LLC	BOARD		MMLIC		
.0000							VGS Acquisition Holding, LLC	DE	NIA	MassMutual Holding LLC	Ownership/Influence	33.300	MMLIC		
.0000							VGS Acquisition Holding, LLC	DE	NIA	Barings LLC	Management		MMLIC		
.0000							Aland Royalty GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Alaska Future Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BAI GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							BAI Funds SLP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Asset-Based Income Fund (US) GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings CMS Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Hotel Opportunity Venture I GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Investment Series LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Emerging Generation Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings ERS PE Emerging Manager III GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Global Investment Funds (U.S.) Management LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			04-1590850				Barings CLO Investment Partners GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Core Property Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Direct Lending GP Ltd.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			84-3784245				Barings Emerging Generation Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	59.100	MMLIC		
.0000			84-3784245				Barings Emerging Generation Fund LP	DE	NIA	Barings LLC	Management		MMLIC		
.0000							Barings Global Energy Infrastructure Advisors, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings North American Private Loan Fund Management II, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings Global Real Assets Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000							Barings GPSF	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
.0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	73.500	MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

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.0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Barings LLC	Management				
.0000			98-0536233				Benton Street Advisors, Inc.	CVI	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BHOVI Incentive LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BIG Real Estate Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BRECS VII GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							BREDIF GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							CHY Venture GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							CREX X GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				Great Lakes III GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Lake Jackson LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				Loan Strategies Management LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			41-2280126				Mezzco III LLC	DE	NIA	Barings LLC	Ownership	99.300	MLLIC		
.0000			80-0920285				Mezzco IV LLC	DE	NIA	Barings LLC	Ownership	99.300	MLLIC		
.0000							Mezzco Australia II LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							RECSA-NY GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				SBNP SIA II LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							SBNP SIA III LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				Somerset Special Opportunities Management LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000							Massachusetts Mutual Life Insurance Company								
.0000							Amherst Long Term Holdings, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.500	MLLIC		
.0000			04-3313782				MassMutual International LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MassMutual Solutions LLC	DE	NIA	MassMutual International LLC	Ownership	100.000	MLLIC		
.0000							Haven Technologies Asia Limited	HKG	NIA	MassMutual Solutions LLC	Ownership	100.000	MLLIC		
.0000							Yunfeng Financial Group Limited	HKG	NIA	MassMutual International LLC	Ownership	24.900	MLLIC		
.0000							MassMutual Asia Limited (SPV)	HKG	NIA	MassMutual International LLC	Ownership	100.000	MLLIC		
.0000			04-1590850				MLL Mezzanine Investor II, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MLL Mezzanine Investor III, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	11.100	MLLIC		
.0000			27-3576835				MassMutual External Benefits Group LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				100 w. 3rd Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				2160 Grand Manager LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	5.000	MLLIC		
.0000			82-2432216				300 South Tryon Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				300 South Tryon LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Almack Mezzanine Fund II Unleveraged LP	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	72.900	MLLIC		
.0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Barings LLC	Management		MLLIC		
.0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Barings LLC	Management		MLLIC		
.0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Barings LLC	Management		MLLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	11.200	MLLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	C.M. Life Insurance Company	Ownership/Influence	1.100	MLLIC		
.0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	48.700	MLLIC		
.0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Barings LLC	Ownership	15.200	MLLIC		
.0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	94.800	MLLIC		
.0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Barings LLC	Influence		MLLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	25.500	MLLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	C.M. Life Insurance Company	Ownership	1.600	MLLIC		
.0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Barings LLC	Management		MLLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	75.700	MLLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	3.800	MLLIC		
.0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Barings LLC	Management		MLLIC		
.0000							Barings US High Yield Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	53.900	MLLIC		
.0000							Barings US High Yield Bond Fund	IRL	NIA	Barings LLC	Management		MLLIC		
.0000							Babson CLO Ltd. 2013-I	CYM	NIA	Barings LLC	Influence		MLLIC		3
.0000							Babson CLO Ltd. 2014-I	CYM	NIA	Barings LLC	Influence		MLLIC		2
.0000							Babson CLO Ltd. 2015-I	CYM	NIA	Barings LLC	Influence		MLLIC		4
.0000							Babson CLO Ltd. 2015-II	CYM	NIA	Barings LLC	Influence		MLLIC		5
.0000							Babson CLO Ltd. 2016-I	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Babson CLO Ltd. 2016-II	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO Ltd. 2017-I	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2018-III	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2018-IV	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000			98-1473665				Barings CLO 2019-II	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2019-III	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2019-IV	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2020-I	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2020-II	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2020-III	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2020-IV	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2021-I	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings CLO 2021-II	CYM	NIA	Barings LLC	Influence		MLLIC		
.0000							Babson Euro CLO 2014-I BV	NLD	NIA	Barings LLC	Influence		MLLIC		
.0000							Babson Euro CLO 2014-II BV	NLD	NIA	Barings LLC	Influence		MLLIC		
.0000							Babson Euro CLO 2015-I BV	NLD	NIA	Barings LLC	Influence		MLLIC		
.0000			36-037260H				Barings Euro CLO 2019-I BV	IRL	NIA	Barings LLC	Influence		MLLIC		
.0000			00-3750378				Barings Euro CLO 2019-II BV	IRL	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings Euro CLO 2020-I DAC	IRL	NIA	Barings LLC	Influence		MLLIC		
.0000			37-15576VH				Barings Euro CLO 2021-I DAC	IRL	NIA	Barings LLC	Influence		MLLIC		
.0000							Barings Euro CLO 2021-II DAC	IRL	NIA	Barings LLC	Influence		MLLIC		

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**SCHEDULE Y**

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.0000			81-0841854				Barings CLO Investment Partners LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.300	MLLIC		
.0000			81-0841854				Barings CLO Investment Partners LP	DE	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	62.700	MLLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	C.M. Life Insurance Company	Ownership	5.500	MLLIC		
.0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	44.600	MLLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	C.M. Life Insurance Company	Ownership	5.000	MLLIC		
.0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Barings LLC	Management		MLLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	71.800	MLLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	C.M. Life Insurance Company	Ownership		MLLIC		
.0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Barings LLC	Management		MLLIC		
.0000			82-5330194				Barings Global Em. Markets Equity Fund	NC	NIA	Barings LLC	Management		MLLIC		
.0000			98-1332384				Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.200	MLLIC		
.0000			98-1332384				Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Baring Asset Management Limited	Management		MLLIC		
.0000							Barings Global Dividends Champion Fund	IRL	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Global Inv. Grade Strat Fund	IRL	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Global Private Loan Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	8.900	MLLIC		
.0000							Barings Global Private Loan Fund	LUX	NIA	Barings LLC	Management		MLLIC		
.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	42.500	MLLIC		
.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	C.M. Life Insurance Company	Ownership	7.500	MLLIC		
.0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Global Special Situations Credit Fund 3	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	16.100	MLLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	67.100	MLLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	C.M. Life Insurance Company	Ownership	3.500	MLLIC		
.0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	14.400	MLLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	C.M. Life Insurance Company	Ownership	0.800	MLLIC		
.0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Barings LLC	Management		MLLIC		
.0000							Barings Global Special Situations Credit Fund 3	IRL	NIA	Barings LLC	Management		MLLIC		
.0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	Ownership/Influence	94.500	MLLIC		
.0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	Management		MLLIC		
.0000			86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	46.500	MLLIC		
.0000			86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	C.M. Life Insurance Company	Ownership	0.800	MLLIC		
.0000							Barings Middle Market CLO 2017-I Ltd & LLC	CYM	NIA	Barings LLC	Influence		MLLIC		

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**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.0000							Barings Middle Market CLO 2018-1	.CYM	NIA	Barings LLC	Influence		MMLIC		
.0000							Barings Middle Market CLO 2019-1	.CYM	NIA	Barings LLC	Influence		MMLIC		
.0000			98-1612604				Barings Middle Market CLO Ltd 2021-1	.CYM	NIA	Barings LLC	Influence		MMLIC		
.0000			38-4010344				Barings North American Private Loan Fund LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	37.400	MMLIC		
.0000			38-4010344				Barings North American Private Loan Fund LP	.DE	NIA	Baring Asset Management Limited	Management		MMLIC		
.0000			98-1332384				Barings RE Credit Strategies VII LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	33.700	MMLIC		
.0000			98-1332384				Barings RE Credit Strategies VII LP	.DE	NIA	Baring Asset Management Limited	Management		MMLIC		
.0000			87-1262754				Barings Transportation Fund LP	.DE	NIA	MassMutual Holding LLC	Ownership/Influence	13.100	MMLIC		
.0000			87-1262754				Barings Transportation Fund LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	9.700	MMLIC		
.0000							Braemar Energy Ventures I, L.P.	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	74.400	MMLIC		
.0000							Braemar Energy Ventures I, L.P.	.DE	NIA	C.M. Life Insurance Company	Ownership	1.100	MMLIC		
.0000							Braemar Energy Ventures I, L.P.	.DE	NIA	Barings LLC	Management		MMLIC		
.0000							Barings European Core Property Fund SCSp	.LUX	NIA	MassMutual Holding LLC	Ownership/Influence	9.100	MMLIC		
.0000							Barings European Core Property Fund SCSp	.LUX	NIA	C.M. Life Insurance Company	Ownership	0.600	MMLIC		
.0000							Barings European Core Property Fund SCSp	.LUX	NIA	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			46-5001122				Barings European Private Loan Fund III A	.LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	20.000	MMLIC		
.0000			38-4059932				Benchmark 2018-B2 Mortgage Trust	.NY	NIA	Barings LLC	Influence		MMLIC		
.0000							Benchmark 2018-B4	.NY	NIA	Barings LLC	Influence		MMLIC		
.0000			38-4096530				Benchmark 2018-B8	.NY	NIA	Barings LLC	Influence		MMLIC		
.0000			20-5578089				Barings Core Property Fund LP	.DE	NIA	MassMutual Holding LLC	Ownership/Influence	21.000	MMLIC		
.0000			20-5578089				Barings Core Property Fund LP	.DE	NIA	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	24.500	MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	C.M. Life Insurance Company	Ownership	2.700	MMLIC		
.0000			46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	Barings Real Estate Advisers LLC	Management		MMLIC		
.0000			35-2531693				Cornerstone Permanent Mortgage Fund III LLC	.MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			61-1793735				Cornerstone Permanent Mortgage Fund IV LLC	.MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	32.100	MMLIC		
.0000			90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	C.M. Life Insurance Company	Ownership	4.800	MMLIC		
.0000			90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	Barings LLC	Management		MMLIC		
.0000			37-1708623				Great Lakes III, L.P.	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	41.400	MMLIC		
.0000			37-1708623				Great Lakes III, L.P.	.DE	NIA	Barings LLC	Management		MMLIC		
.0000							GIA EU Holdings - Emerson JV Sarl	.LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.600	MMLIC		
.0000							GIA EU Holdings - Emerson JV Sarl	.LUX	NIA	Barings LLC	Management		MMLIC		
.0000			38-4041011				JPIMCC Commercial Mortgage Securities Trust 2017-JP7	.NY	NIA	Barings LLC	Influence		MMLIC		
.0000			38-4032059				JPIMDB Commercial Mortgage Securities Trust 2017-C5	.NY	NIA	Barings LLC	Influence		MMLIC		
.0000			82-1512591				KKR-MM Vector LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000			46-4255307				Marco Hotel LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			04-1590850				Miami Douglas One GP LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		

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**SCHEDULE Y**

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.0000			04-1590850				Miami Douglas One GP LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.500	MLLIC		
.0000			04-1590850				Miami Douglas Two GP LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			04-1590850				Miami Douglas Two GP LLC	DE	NIA	C.M. Life Insurance Company	Influence		MLLIC		
.0000			04-1590850				Miami Douglas One LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MLLIC		
.0000			04-1590850				Miami Douglas One LP	DE	NIA	C.M. Life Insurance Company	Ownership	10.000	MLLIC		
.0000			04-1590850				Miami Douglas Two LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MLLIC		
.0000			04-1590850				Miami Douglas Two LP	DE	NIA	C.M. Life Insurance Company	Ownership	10.000	MLLIC		
.0000			04-1590850				Miami Douglas Three MM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	91.500	MLLIC		
.0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	2.800	MLLIC		
.0000			85-3886824				NYDIG Digital Assets Fund II LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			45-3623262				HB Naples Golf Owner LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							MM CM Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			81-3000420				MM Debt Participations LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MLLIC		
.0000			81-3000420				MM Debt Participations LLC	DE	NIA	Barings LLC	Management		MLLIC		
.0000			82-4411267				RB Apartments LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			75-2901061				Reston Arboretum LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			20-8856877				Somerset Special Opportunities Fund L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.100	MLLIC		
.0000			20-8856877				Somerset Special Opportunities Fund L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	1.900	MLLIC		
.0000			04-1590850				SouthPointe Industrial LLC	DE	NIA	Barings LLC	Ownership	100.000	MLLIC		
.0000			35-2553915				Ten Fan Pier Boulevard LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			41-2280127				Tower Square Capital Partners III, L.P.	DE	NIA	Barings LLC	Management		MLLIC		
.0000			41-2280127				Tower Square Capital Partners III, L.P.	DE	NIA	MassMutual Holding LLC	Ownership/Influence	18.600	MLLIC		
.0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MLLIC		
.0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	DE	NIA	Barings LLC	Management		MLLIC		
.0000			04-1590850				Trailside MM Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	59.600	MLLIC		
.0000			04-1590850				Trailside MM Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	7.400	MLLIC		
.0000			83-1325764				Washington Gateway Two LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	89.300	MLLIC		
.0000			83-1325764				Washington Gateway Two LLC	DE	NIA	C.M. Life Insurance Company	Ownership	6.700	MLLIC		
.0000			32-0574045				Washington Gateway Three LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	83.900	MLLIC		
.0000			32-0574045				Washington Gateway Three LLC	DE	NIA	C.M. Life Insurance Company	Ownership	11.400	MLLIC		
.0000			04-1590850				West 46th Street Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Babson Capital Loan Strategies Master Fund LP	CVM	NIA	Barings LLC	Management		MLLIC		
.0000							Barings China Aggregate Bond Private Securities Investment Fund	CHN	NIA	Barings LLC	Management		MLLIC		

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**SCHEDULE Y**

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.0000			47-3790192				Barings European Growth Trust Fund	GBR	NIA	Barings LLC	Ownership/Influence	21.400	MLLIC		
.0000							Barings Global High Yield Fund	MA	NIA	Barings LLC	Management		MLLIC		
.0000							CCIC Fund	CHN	NIA	Barings LLC	Ownership/Influence	60.100	MLLIC		
.0000			71-1018134				Great Lakes II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	10.600	MLLIC		
.0000			71-1018134				Great Lakes III LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.100	MLLIC		
.0000			04-1590850				Wood Creek Venture Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	40.000	MLLIC		
.0000			36-4823011				50 Liberty LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	65.000	MLLIC		
.0000			36-4823011				50 Liberty LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.800	MLLIC		
.0000							Barings California Mortgage Fund IV	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MLLIC		
.0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	C.M. Life Insurance Company	Ownership	2.300	MLLIC		
.0000			82-2285211				Calgary Railway Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MLLIC		
.0000			82-2285211				Calgary Railway Holding LLC	DE	NIA	C.M. Life Insurance Company	Ownership	10.000	MLLIC		
.0000			82-3307907				Cornbrook PRS Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund I LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund II LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			95-4207717				Cornerstone California Mortgage Fund III LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MLLIC		
.0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.900	MLLIC		
.0000			45-2632610				Cornerstone Permanent Mortgage Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			45-2632610				Cornerstone Permanent Mortgage Fund	MA	NIA	Barings LLC	Management		MLLIC		
.0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Barings LLC	Management		MLLIC		
.0000			61-1793735				Cornerstone Permanent Mortgage Fund IV	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			81-0890084				CREA Madison Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MLLIC		
.0000			20-0348173				CREA/PPC Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	31.300	MLLIC		
.0000			82-2783393				Danville Riverwalk Venture, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	94.400	MLLIC		
.0000			04-1590850				Euro Real Estate Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MLLIC		
.0000			20-3347091				Fan Pier Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	67.300	MLLIC		
.0000			20-3347091				Fan Pier Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.900	MLLIC		
.0000			04-1590850				GIA EU Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			81-5360103				Landmark Manchester Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MM Brookhaven Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000			04-1590850				MM East South Crossing Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	88.700	MMLIC		
.0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.700	MMLIC		
.0000			80-0948028				One Harbor Shore LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	10.800	MMLIC		
.0000			80-0948028				One Harbor Shore LLC	DE	NIA	C.M. Life Insurance Company	Ownership	6.000	MMLIC		
.0000			04-1590850				PACO France Logistics LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			82-3393166				Portland 400 Sixth Manager LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	5.000	MMLIC		
.0000							Salomon Brothers Commercial Mortgage Trust 2001-MM	DE	NIA	Barings Real Estate Advisers LLC	Influence		MMLIC		
.0000			27-2977720				Savgrass Village Shopping Center LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	84.200	MMLIC		
.0000			27-2977720				Savgrass Village Shopping Center LLC	DE	NIA	C.M. Life Insurance Company	Ownership	15.800	MMLIC		
.0000							STOA Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
.0000			81-5273574				Three PW Office Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.100	MMLIC		
.0000			35-2484550				Twenty Two Liberty LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	35.000	MMLIC		
.0000			35-2484550				Twenty Two Liberty LLC	MA	NIA	C.M. Life Insurance Company	Ownership	35.000	MMLIC		
.0000			82-3250684				Unna, Dortmund Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.700	MMLIC		
.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	C.M. Life Insurance Company	Ownership	4.800	MMLIC		
.0000			51-0529328		0000927972	00	MassMutual Premier Main Street Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.200	MMLIC		
.0000			26-3229251		0000927972	00	MassMutual Premier Strategic Emerging Markets Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	3.400	MMLIC		
.0000			01-0821120		0000916053	00	MassMutual Select Diversified Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.800	MMLIC		
.0000			04-3512593		0000916053	00	MassMutual Select Fundamental Growth Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.100	MMLIC		
.0000			42-1710935		0000916053	00	MassMutual Select Mid-Cap Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	26.000	MMLIC		
.0000			02-0769954		0000916053	00	MassMutual Select Small Capital Value Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			04-3584140		0000916053	00	MassMutual Select Small Company Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	9.600	MMLIC		
.0000			82-3347422		0000916053	00	MassMutual Select T. Rowe Price Retirement 2005 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	6.100	MMLIC		
.0000			82-3355639		0000916053	00	MassMutual Select T. Rowe Price Retirement 2010 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3382389		0000916053	00	MassMutual Select T. Rowe Price Retirement 2015 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3396442		0000916053	00	MassMutual Select T. Rowe Price Retirement 2020 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3417420		0000916053	00	MassMutual Select T. Rowe Price Retirement 2025 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0000			82-3430358		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2030 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3439837		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3451779		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2040 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3472295		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3481715		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2050 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3502011		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3525148		0000916053	QO	MassMutual Select T. Rowe Price Retirement 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			82-3533944		0000916053	QO	MassMutual Select T. Rowe Price Retirement Balanced Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			46-4257056				MML Series International Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			47-3517233				MML Series II Asset Momentum Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0000			47-3529636				MML Series II Dynamic Bond Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			47-3544629				MML Series II Equity Rotation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.200	MMLIC		
.0000			47-3559064				MML Series II Special Situations Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	97.100	MMLIC		
.0000			27-1933389		0000916053	QO	MassMutual RetireSMART 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.500	MMLIC		
.0000			27-1932769		0000916053	QO	MassMutual RetireSMART 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	6.400	MMLIC		
.0000			46-3289207		0000916053	QO	MassMutual RetireSMART 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.000	MMLIC		
.0000			47-5326235		0000916053	QO	MassMutual RetireSMART 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	52.600	MMLIC		
.0000			45-1618155		0000916053	QO	MassMutual 20/80 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			45-1618222		0000916053	QO	MassMutual 80/20 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			03-0532464		0000916053	QO	MassMutual RetireSMART In Retirement Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.100	MMLIC		
.0000			45-1618262		0000916053	QO	MassMutual 40/60 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		
.0000			45-1618046		0000916053	QO	MassMutual 60/40 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MMLIC		

Asterisk	Explanation
1	Massachusetts Mutual Life Insurance Company owns 14.23% of the affiliated debt of Jefferies Finance LLC
2	Debt investors own .6% and includes only Great Lakes III, L.P.
3	Debt investors own 9.6% and includes only Babson Capital Loan Strategies Fund, L.P.
4	Debt investors own .5% and includes only Great Lakes III, L.P.
5	Debt investors own .2% and includes only Great Lakes III, L.P.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
65935	04-1590850	Massachusetts Mutual Life Insurance Company (MMLIC)	1,477,406,409	(2,744,902,053)	20,000,000						(1,247,495,644)	(98,811,453)
93432	06-1041383	C.M. Life Insurance Company	(141,134,536)	(10,497,636)							(151,632,172)	71,934,015
70416	43-0581430	MML Bay State Life Insurance Company	(27,000,035)								(27,000,035)	10,555,770
	04-1590850	2160 Grand Manager LLC	0	5,384,420							5,384,420	
	83-0560183	Aland Royalty Holdings LP	(402,959)	(259,507)							(662,466)	
	37-1506417	Babson Capital Loan Strategies Fund, L.P.	(1,730,081)	0							(1,730,081)	
		Barings Affordable Housing Mortgage Fund I LLC	(4,281,158)	34,857,993							30,576,835	
	61-1902329	Barings Affordable Housing Mortgage Fund II LLC	(2,314,091)	48,293,619							45,979,528	
	85-3036663	Barings Affordable Housing Mortgage Fund III LLC	(702,122)	4,826,945							4,124,823	
	36-4868350	Barings Asset-Based Income Fund (US) LP	0	14,661,673							14,661,673	
		Barings California Mortgage Fund IV	0	34,484							34,484	
	81-0841854	Barings CLO Investment Partners LP	(11,142,482)	748,242							(10,394,240)	
	84-3784245	Barings Emerging Generation Fund LP	(4,152,235)	10,923,511							6,771,276	
		Barings European Core Property Fund SCSp	(494,634)	(1,565)							(496,199)	
	46-5001122	Barings European Private Loan Fund III A	0	45,276,000							45,276,000	
		Barings European Real Estate Debt Income Fund	(6,233,129)	64,265,365							58,032,236	
	80-0875475	Barings Finance LLC			(20,000,000)						(20,000,000)	
		Barings Global Private Loan Fund	(4,325,754)	(23,357,606)	0						(27,683,360)	
	82-3867745	Barings Global Real Assets Fund LP	0	10,210,705							10,210,705	
		Barings Global Special Situations Credit Fund 3	(21,248,892)	(3,916,604)							(25,165,496)	
		Barings Global Special Situations Credit 4 Delaware	0	13,814,280							13,814,280	
		Barings Global Special Situations Credit 4 LUX	(33,481)	13,682,306							13,648,825	
	87-0977058	Barings Hotel Opportunity Venture	0	7,950,264							7,950,264	
	86-3661023	Barings Innovations & Growth Real Estate Fund	(920,114)	70,439,770							69,519,656	
	38-4010344	Barings North American Private Loan Fund LP	(1,749,937)	(7,626,660)							(9,376,597)	
	98-1332384	Barings RE Credit Strategies VII LP	(9,522,257)	5,607,140							(3,915,117)	
	85-3449260	Barings Real Estate Debt Income Fund LP	(5,625,555)	90,614,931							84,989,376	
		Barings Real Estate European Value Add I SCSp	(24,704,713)	(11,585,861)							(36,290,574)	
	84-5063008	Barings Small Business Fund LLC	0	3,723,213							3,723,213	
	87-1262754	Barings Transportation Fund LP	0	36,369,620							36,369,620	
		Barings Umbrella Fund LUX SCSp SICAV RAIF	0	33,438,743							33,438,743	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	04-1590850	Berkshire Way LLC	0	550,000							550,000	
		Braemar Energy Ventures I, L.P.	0	122,024							122,024	
	06-1041383	CML Mezzanine Investor III, LLC	(830)	(12,237)							(13,067)	
		CML Special Situations Investor LLC	(106,025)	(104,130)							(210,155)	
	82-3307907	Cornbrook PRS Holdings LLC	0	3,448,455							3,448,455	
	95-4207717	Cornerstone California Mortgage Fund I LLC	(3,527,026)	(2,419,174)							(5,946,200)	
	95-4207717	Cornerstone California Mortgage Fund II LLC	(2,013,552)	8,925,850							6,912,298	
	95-4207717	Cornerstone California Mortgage Fund III LLC	(878,608)	32,872,906							31,994,298	
	56-2630592	Cornerstone Fort Pierce Development LLC	0	149,863							149,863	
	45-2632610	Cornerstone Permanent Mortgage Fund	(5,815,415)	76,662							(5,738,753)	
	61-1750537	Cornerstone Permanent Mortgage Fund II	(4,881,964)	(267,286)							(5,149,250)	
	35-2531693	Cornerstone Permanent Mortgage Fund III LLC	(5,439,657)	10,772,814							5,333,157	
	61-1793735	Cornerstone Permanent Mortgage Fund IV LLC	(3,707,628)	25,628,631							21,921,003	
	46-5432619	Cornerstone Real Estate Fund X LP	(13,082,537)	(565,017)							(13,647,554)	
	81-0890084	CREA Madison Member LLC	0	(21,600,000)							(21,600,000)	
	20-0348173	CREA/PPC Venture LLC	1,650,000	(1,650,000)							0	
	82-2783393	Danville Riverwalk Venture, LLC	0	650,526							650,526	
		EM Opportunities LLC	0	375,000							375,000	
	04-1590850	Euro Real Estate Holdings LLC	0	10,921,066							10,921,066	
	20-3347091	Fan Pier Development LLC	(260,688)	0							(260,688)	
	90-0991195	Gateway Mezzanine Partners II LP	0	(9,842,702)							(9,842,702)	
	04-1590850	GIA EU Holdings LLC	0	12,702,667							12,702,667	
	71-1018134	Great Lakes II LLC	(850,237)	2,395							(847,842)	
	37-1708623	Great Lakes III, L.P.	(1,362,417)	(1,235,265)							(2,597,682)	
	04-1590850	Insurance Road LLC	(388,769,775)	(22,427,545)							(411,197,320)	
	46-2344300	Intermodal Holdings II LLC	(345,918)	(615,282)							(961,200)	
	82-1512591	KKR-MM Vector LP	(10,596,625)	0							(10,596,625)	
	81-5360103	Landmark Manchester Holdings LLC	0	(17,037,155)							(17,037,155)	
	04-2854319	MassMutual Holding LLC	(544,000,000)	63,226,461							(480,773,539)	
	04-3313782	MassMutual International LLC	0	(186,662,868)							(186,662,868)	
	04-1590850	MassMutual Private Equity Funds LLC	0	75,572,288							75,572,288	
	42-1710935	MassMutual Select Mid-Cap Value Fund	(11,856)	0							(11,856)	
	06-1563535	The MassMutual Trust Company, FSB	(5,000,000)	0							(5,000,000)	
	04-1590850	Miami Douglas Three MM LLC	0	17,714,932							17,714,932	
	04-1590850	Miami Douglas Two GP LLC	0	1,265							1,265	
	04-1590850	Miami Douglas Two LP	0	12,651,363							12,651,363	
		MM/Barings Multifamily TEBS 2020 LLC	0	(188,306)							(188,306)	
	87-4021641	MM BIG Peninsula Co-Invest Member LLC	0	77,104,921							77,104,921	
	04-1590850	MM Brookhaven Member LLC	0	44,893,110							44,893,110	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
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		MM CM Holding LLC	0	44,613,283							44,613,283	
04-1590850		MM Copper Hill Road LLC	0	3,457,471							3,457,471	
81-3000420		MM Debt Participations LLC	0	110,000							110,000	
04-1590850		MM East South Crossing Member LLC	0	16,223,209							16,223,209	
		MM Global Capabilities I LLC	0	(224,408)							(224,408)	
		MM Global Capabilities III LLC	0	199,826							199,826	
		MM Global Capabilities II LLC	0	199,711							199,711	
04-1590850		MM Horizon Savannah Member LLC	0	43,417,838							43,417,838	
		MassMutual MCAM Insurance Company, Inc.		15,000,000							15,000,000	
04-1590850		MM Rothesay Holdco US LLC		1,884,294,587							1,884,294,587	
		MML Investment Advisers, LLC	(90,695,861)	(6)							(90,695,867)	
04-1590850		MML Mezzanine Investor II, LLC	0	(828,206)							(828,206)	
04-1590850		MML Mezzanine Investor III, LLC	(23,358)	(93,913)							(117,271)	
04-1590850		MML Private Equity Fund Investor LLC	(70,277,135)	60,905,908							(9,371,227)	
47-3517233		MML Series II Asset Momentum Fund	(13,821,144)								(13,821,144)	
47-3544629		MML Series II Equity Rotation Fund	(13,915,792)								(13,915,792)	
47-3559064		MML Series II Special Situations Fund	(9,262,818)								(9,262,818)	
		MML Special Situations Investor LLC	(1,661,064)	(2,352,698)							(4,013,762)	
04-1590850		New Haven Holdco LLC	0	76,938,243							76,938,243	
85-3886824		NYDIG Digital Assets Fund II LP	0	2,415,693							2,415,693	
80-0948028		One Harbor Shore LLC	0	513,000							513,000	
04-1590850		PACO France Logistiques LLC	0	(545,135)							(545,135)	
82-3393166		Portland 400 Sixth Manager LLC	0	5,605,000							5,605,000	
46-5460309		Red Lake Ventures, LLC	0	28,364							28,364	
81-4065378		Remington L & W Holdings LLC	(497,277)	(1,034,336)							(1,531,613)	
		Rothesay Life Plc									0	16,321,668
27-2977720		Sawgrass Village Shopping Center LLC	(1,629,133)	(1,345,867)							(2,975,000)	
		STOA Holding LLC	0	(2,279,679)							(2,279,679)	
		Tamiami Citurus, LLC	0	607,107							607,107	
81-5273574		Three PW Office Holding LLC	0	4,046,308							4,046,308	
47-5322979		Timberland Forest Holding LLC	0	(477,755)							(477,755)	
41-2280129		Tower Square Capital Partners IIIA, L.P.	(14,282,993)	3,417,005							(10,865,988)	
35-2484550		Twenty Two Liberty LLC	(780,000)	0							(780,000)	
82-3250684		Unna, Dortmund Holding LLC	0	(1,069,321)							(1,069,321)	
45-5401109		Washington Gateway Apartments Venture LLC		0							(3,840,910)	
			(3,840,910)	0							(3,840,910)	
32-0574045		Washington Gateway Three LLC	0	1,169,210							1,169,210	
83-1325764		Washington Gateway Two LLC	0	377,598							377,598	
				0							0	
9999999		Control Totals	1	1	0	0	0	0	XXX	0	2	0



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

<b>MARCH FILING</b>	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) ..... NO
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? ..... YES
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? ..... NO
- 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? ..... NO
- 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? ..... NO
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ..... YES
- 35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO

**APRIL FILING**

- 36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? ..... YES
- 37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? ..... YES
- 38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ... NO
- 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1? ..... YES
- 40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? ..... NO
- 41. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? ..... NO
- 42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? ..... NO
- 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? ..... YES
- 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? ..... YES
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... YES
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... NO
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? ..... YES

**AUGUST FILING**

- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? ..... YES

**Explanations:**

- 10. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 35. The data for this supplement is not required to be filed.
- 38. The data for this supplement is not required to be filed.
- 40. The data for this supplement is not required to be filed.
- 41. The data for this supplement is not required to be filed.
- 42. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.

**Bar Codes:**

10. SIS Stockholder Information Supplement [Document Identifier 420]



12. Trusteed Surplus Statement [Document Identifier 490]



16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]



22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]



26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]



27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]



30. Medicare Part D Coverage Supplement [Document Identifier 365]



31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



33. Relief from the Requirements for Audit Committees [Document Identifier 226]



35. Health Care Receivables Supplement [Document Identifier 470]



38. Credit Insurance Experience Exhibit [Document Identifier 230]



40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]



46. Life Summary of the PBR Actuarial Report [Document Identifier 458]



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols: 1 - 2)	4 Net Admitted Assets
2504. Accounts receivable .....	9,231,710	9,091,236	140,474	786,524
2505. Interest rate swap collateral receivable .....			0	1,821,236
2597. Summary of remaining write-ins for Line 25 from overflow page	9,231,710	9,091,236	140,474	2,607,760

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Accounts payable .....	564,740	4,442,732
2597. Summary of remaining write-ins for Line 25 from overflow page	564,740	4,442,732

Additional Write-ins for Summary of Operations Line 8.3

	1 Current Year	2 Prior Year
08.304. Adjustment to IMR for reinsurance .....		336,196,061
08.305. Miscellaneous income .....	192,990	16,599
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	192,990	336,212,660

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Analysis of Operations - Summary Line 8.3

	1	2	3	4	5	6	7	8	9
	Total	Individual Life	Group Life	Individual Annuities	Group Annuities	Accident and Health	Fraternal	Other Lines of Business	YRT Mortality Risk Only
08.304. Miscellaneous income .....	192,990			181,981	11,009				
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	192,990	0	0	181,981	11,009	0	0	0	0

Additional Write-ins for Analysis of Operations - Individual Annuities Line 8.3

	1	Deferred			6	7	
		2	3	4			5
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities Without Guarantees	Life Contingent Payout (Immediate and Annuitizations)	Other Annuities
08.304. Miscellaneous income .....	181,981	44,722	135,751			1,508	
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	181,981	44,722	135,751	0	0	1,508	0



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit.....  
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	10,209	2,091	20.5	3			0.0	
YES	1MSPF0001	F	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	14,114	4,248	30.1	3			0.0	
YES	1MSPG0001	G	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	33,473	17,659	52.8	7			0.0	
0199999. Total Experience on Individual Policies										57,795	23,998	41.5	13	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034060	12/24/2007			05/31/2010	MEDICARE SUPPLEMENT	3,534	341	9.7	1			0.0	
0199999. Total Experience on Individual Policies										3,534	341	9.7	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Florida.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPC0001	C	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	13,152	11,212	85.3	3			0.0	
YES	1MSPD0001	D	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	106,133	79,151	74.6	38			0.0	
YES	1MSPF0001	F	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	127,387	112,498	88.3	36			0.0	
YES	1MSPG0001	G	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	52,585	32,012	60.9	18			0.0	
0199999. Total Experience on Individual Policies										299,257	234,874	78.5	95	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034060	02/25/2004			05/31/2010	MEDICARE SUPPLEMENT	3,906	2,920	74.8	1		0.0		
YES	1MSPG0001	G	NO	0034060	02/25/2004			05/31/2010	MEDICARE SUPPLEMENT	7,767	2,004	25.8	2		0.0		
0199999. Total Experience on Individual Policies										11,673	4,923	42.2	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034060	02/09/2004			05/31/2010	MEDICARE SUPPLEMENT	41,184	16,828	40.9	8	0	0	0.0	0
0199999. Total Experience on Individual Policies										41,184	16,828	40.9	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	37,569	18,322	48.8	11			0.0	
YES	1MSPF0001	F	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	95,731	72,230	75.5	24			0.0	
YES	1MSPG0001	G	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	28,207	6,894	24.4	8			0.0	
0199999. Total Experience on Individual Policies										161,507	97,445	60.3	43	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Explain any policies identified above as policy type "O". .....

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SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Iowa.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit.....  
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034000	02/24/2004			05/31/2010	MEDICARE SUPPLEMENT	111,085	80,541	72.5	22			0.0	
0199999. Total Experience on Individual Policies										111,085	80,541	72.5	22	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit.....  
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034060	12/19/2007			05/31/2010	MEDICARE SUPPLEMENT	4,541	15,134	333.3	1			0.0	
YES	1MSPF0001	F	NO	0034060	12/19/2007			05/31/2010	MEDICARE SUPPLEMENT	76,466	47,974	62.7	13			0.0	
YES	1MSPG0001	G	NO	0034060	12/19/2007			05/31/2010	MEDICARE SUPPLEMENT	44,902	47,456	105.7	10			0.0	
0199999. Total Experience on Individual Policies										125,909	110,563	87.8	24	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPB0001	B	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	5,617	417	7.4	1			0.0	
YES	1MSPD0001	D	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	10,961	1,336	12.2	3			0.0	
YES	1MSPF0001	F	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	206,824	135,388	65.5	39			0.0	
YES	1MSPG0001	G	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	17,318	24,823	143.3	5			0.0	
0199999. Total Experience on Individual Policies										240,719	161,965	67.3	48	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Missouri.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034060	10/22/2007			05/31/2010	MEDICARE SUPPLEMENT	70,680	56,900	80.5	18			0.0	
YES	1MSPG0001	G	NO	0034060	10/22/2007			05/31/2010	MEDICARE SUPPLEMENT	4,203	(173)	(4.1)	1			0.0	
0199999. Total Experience on Individual Policies										74,883	56,727	75.8	19	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Nebraska.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034000	10/18/2007			05/31/2010	MEDICARE SUPPLEMENT	20,416	21,850	107.0	5			0.0	
YES	1MSPG0001	G	NO	0034000	10/18/2007			05/31/2010	MEDICARE SUPPLEMENT	7,669	906	11.8	2			0.0	
0199999. Total Experience on Individual Policies										28,085	22,756	81.0	7	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Nevada.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPG0001	G	NO	0034000	09/26/2008			05/31/2010	MEDICARE SUPPLEMENT	5,664	2,726	48.1	1			0.0	
0199999. Total Experience on Individual Policies										5,664	2,726	48.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire  
 NAIC Group Code 0435 NAIC Company Code 63312  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202  
 Person Completing This Exhibit  
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034060	12/06/2007			05/31/2010	MEDICARE SUPPLEMENT	4,108	106	2.6	1			0.0	
YES	1MSPF0001	F	NO	0034060	12/06/2007			05/31/2010	MEDICARE SUPPLEMENT	9,459	2,545	26.9	2			0.0	
0199999. Total Experience on Individual Policies										13,567	2,651	19.5	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPC0001	C	NO	0034000	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	5,177	487	9.4	1			0.0	
YES	1MSPD0001	D	NO	0034000	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	13	(346)	(2,589.6)	0			0.0	
YES	1MSPF0001	F	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	214,858	99,274	46.2	38			0.0	
YES	1MSPG0001	G	NO	0034000	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	48,619	17,232	35.4	10			0.0	
0199999. Total Experience on Individual Policies										268,667	116,647	43.4	49	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPC0001	C	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	6,401	2,911	45.5	1			0.0	
YES	1MSPD0001	D	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	21,324	1,063	5.0	4			0.0	
YES	1MSPF0001	F	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	22,559	3,051	13.5	4			0.0	
YES	1MSPG0001	G	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	6,196	1,068	17.2	1			0.0	
0199999. Total Experience on Individual Policies										56,480	8,093	14.3	10	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034000	04/26/2004			05/31/2010	MEDICARE SUPPLEMENT	98,169	67,334	68.6	18			0.0	
YES	1MSPG0001	G	NO	0034000	04/26/2004			05/31/2010	MEDICARE SUPPLEMENT	23,811	11,596	48.7	5			0.0	
0199999. Total Experience on Individual Policies										121,981	78,930	64.7	23	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....

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SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Oregon.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
YES	1MSPF0001	F	NO	0034060	01/09/2008			05/31/2010	MEDICARE SUPPLEMENT	24,024	8,264	34.4	5		0	0	0.0	0
0199999. Total Experience on Individual Policies										24,024	8,264	34.4	5	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034060	09/30/2008			05/31/2010	MEDICARE SUPPLEMENT	2,929	488	16.6	1			0.0	
YES	1MSPF0001	F	NO	0034060	09/30/2008			05/31/2010	MEDICARE SUPPLEMENT	6,624	1,797	27.1	2			0.0	
0199999. Total Experience on Individual Policies										9,554	2,284	23.9	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPD0001	D	NO	0034000	02/18/2004			05/31/2010	MEDICARE SUPPLEMENT	12	(360)	(2,987.5)	0			0.0	
YES	1MSPF0001	F	NO	0034000	02/18/2004			05/31/2010	MEDICARE SUPPLEMENT	143,710	117,799	82.0	29			0.0	
YES	1MSPG0001	G	NO	0034000	02/18/2004			05/31/2010	MEDICARE SUPPLEMENT	166,854	107,654	64.5	33			0.0	
0199999. Total Experience on Individual Policies										310,576	225,092	72.5	62	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
  - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034060	02/13/2004			05/31/2010	MEDICARE SUPPLEMENT	102,509	70,234	68.5	18			0.0	
YES	1MSPG0001	G	NO	0034060	02/13/2004			05/31/2010	MEDICARE SUPPLEMENT	26,654	45,765	171.7	6			0.0	
0199999. Total Experience on Individual Policies										129,163	115,998	89.8	24	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit.....  
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPA0001	A	NO	0034060	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	9,023	8,171	90.6	2			0.0	
YES	1MSPF0001	F	NO	0034000	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	96,776	53,006	54.8	17			0.0	
YES	1MSPG0001	G	NO	0034000	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	40,542	19,876	49.0	6			0.0	
0199999. Total Experience on Individual Policies										146,340	81,053	55.4	25	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717  
 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Utah.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034000	01/24/2008			05/31/2010	MEDICARE SUPPLEMENT	27,521	22,020	80.0	5			0.0	
YES	1MSPG0001	G	NO	0034000	01/24/2008			05/31/2010	MEDICARE SUPPLEMENT	16,392	1,945	11.9	4			0.0	
0199999. Total Experience on Individual Policies										43,913	23,965	54.6	9	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
 .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....  
 NAIC Group Code 0435..... NAIC Company Code 63312.....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202.....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSPF0001	F	NO	0034000	02/04/2009			05/31/2010	MEDICARE SUPPLEMENT	29,373	19,188	65.3	5			0.0	
YES	1MSPG0001	G	NO	0034000	02/04/2009			05/31/2010	MEDICARE SUPPLEMENT	4,052	6,163	152.1	1			0.0	
0199999. Total Experience on Individual Policies										33,425	25,351	75.8	6	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF West Virginia.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati, OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
YES	1MSPF0001	F	NO	0034000	10/29/2007			05/31/2010	MEDICARE SUPPLEMENT	8,785	3,229	36.8	1		0	0	0.0	
0199999. Total Experience on Individual Policies										8,785	3,229	36.8	1	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717 .....
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....  
 NAIC Group Code 0435 ..... NAIC Company Code 63312 .....  
 ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	1MSP-WI	0	NO	0034060	03/30/2009			05/31/2010	MEDICARE SUPPLEMENT	88,567	77,021	87.0	19	0	0	0.0	0
0199999. Total Experience on Individual Policies										88,567	77,021	87.0	19	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....  
 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....  
 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272 .....
- Explain any policies identified above as policy type "O". .....

VM-20 Reserves Supplement - Part 1A

**N O N E**

VM-20 Reserves Supplement - Part 1B

**N O N E**

**VM-20 RESERVES SUPPLEMENT – PART 2**

Life PBR Exemption  
 For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

<b>Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)</b>	
1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? .....	Yes [ X ] No [ ]
2. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM [ X ]	
2.2 State Statute (SVL) [ ] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? .....	Yes [ ] No [ ]
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM): .....	
2.3 State Regulation [ ] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM? .....	Yes [ ] No [ ]
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM): .....	

**VM-20 RESERVES SUPPLEMENT – PART 3**

Other Exclusions from Life PBR  
 For The Year Ended December 31, 2021  
 (To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? ..... Yes [ ] No [ X ]
- 1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.  
 .....
- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? ..... Yes [ ] No [ ]
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.  
 .....
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? ..... Yes [ X ] No [ ]



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

Of The GREAT AMERICAN LIFE INSURANCE COMPANY
ADDRESS (City, State and Zip Code) Cincinnati, OH 45202
NAIC Group Code 0435 NAIC Company Code 63312 Employer's Identification Number (FEIN) 13-1935920

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark.

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A

**N O N E**

Supplement Schedule O - Part 2 Section B

**N O N E**

Supplement Schedule O - Part 2 Section C

**N O N E**

Supplement Schedule O - Part 2 Section D

**N O N E**

Supplement Schedule O - Part 2 Section E

**N O N E**

Supplement Schedule O - Part 2 Section F

**N O N E**

Supplement Schedule O - Part 2 Section G

**N O N E**

SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses  
(\$000 Omitted)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017 .....	1	0	0	XXX	XXX
2. 2018 .....	XXX	1	0	0	XXX
3. 2019 .....	XXX	XXX	2	0	0
4. 2020 .....	XXX	XXX	XXX	854	0
5. 2021 .....	XXX	XXX	XXX	XXX	(4)

**Section B - Other Accident and Health**

1. 2017 .....	2,581	2,712	3,116	XXX	XXX
2. 2018 .....	XXX	6,269	6,082	4,352	XXX
3. 2019 .....	XXX	XXX	3,951	4,842	4,279
4. 2020 .....	XXX	XXX	XXX	3,082	2,921
5. 2021 .....	XXX	XXX	XXX	XXX	3,684

**Section C - Credit Accident and Health**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

**Section D -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

**Section E -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XXX	XXX	XXX	

**Section F -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XXX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

**Section G -**

1. 2017 .....				XXX	XXX
2. 2018 .....	XXX				XXX
3. 2019 .....	XXX				
4. 2020 .....	XX	XX	XXX		
5. 2021 .....	XXX	XX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 4**

**Development of Incurred Losses  
(\$000 Omitted)**

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3	4 2020	5 2021
1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section B - Other Accident and Health**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section C - Credit Accident and Health**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section D -**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section E -**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section F -**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**Section G -**

1. 2017 .....	<b>NONE</b>				
2. 2018 .....					
3. 2019 .....					
4. 2020 .....					
5. 2021 .....					

**SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 OMITTED)

**Reserve and Liability Methodology - Exhibits 6 and 8**

Line of Business	1 Methodology	2 Amount
1. Industrial Life .....		.0
2. Ordinary Life .....	Standard Factor .....	7,804
3. Individual Annuity .....	Standard Factor .....	260,017
4. Supplementary Contracts .....		.0
5. Credit Life .....		.0
6. Group Life .....	Standard Factor .....	.30
7. Group Annuities .....	Standard Factor .....	2,331
8. Group Accident and Health .....	Other .....	2
9. Credit Accident and Health .....		.0
10. Other Accident and Health .....	Other .....	11,886
11. Total .....		282,070



SUPPLEMENT FOR THE YEAR 2021 OF THE GREAT AMERICAN LIFE INSURANCE COMPANY

**HEALTH CARE RECEIVABLES SUPPLEMENT**

For The Year Ended December 31, 2021  
(To Be Filed by March 1)

Of The GREAT AMERICAN LIFE INSURANCE COMPANY .....  
Address ( City, State and Zip Code) Cincinnati , OH 45202 .....  
NAIC Group Code 0435 ..... NAIC Company Code 63312 ..... Employer's ID Number 13-1935920 .....

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 Gross health care receivables						