

SERFF Tracking Number: AGNN-125836159 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40427
Company Tracking Number: VL 22186 VER 9/2008
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: VL 22186 VER 9/2008
Project Name/Number: Single Premium Deferred Annuity Application/VL 22186 VER 9/2008

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 22186 VER 9/2008 SERFF Tr Num: AGNN-125836159 State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40427
Variable

Sub-TOI: A021.002 Flexible Premium Co Tr Num: VL 22186 VER 9/2008 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Adrienne Redd Disposition Date: 10/09/2008

Date Submitted: 10/01/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium Deferred Annuity Application

Project Number: VL 22186 VER 9/2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Corresponding Filing Tracking Number:

Filing Description:

September 29, 2008

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Simultaneously
Filing in Domicile State of Texas.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

VIA SERFF

Re: The Variable Annuity Life Insurance Company

SERFF Tracking Number: AGNN-125836159 State: Arkansas
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NAIC# 70238

FEIN# 74-1625348

Form# VL 22186 VER 9/2008 Single Premium Deferred Annuity Application

Dear Mr. / Ms.:

The above-referenced form is enclosed for your review and approval. The filing does not contain any unusual or controversial items. This is a new form and does not replace any forms previously approved by your Department.

This application will be issued with policy form V201-05 approved by your department on December 21, 2005.

Please feel free to contact me at 1(800)262-4764, ext. 8707 or via e-mail adrienne.redd@aigretirement.com if you need further information. My fax number is (713) 831-6932. I look forward to your formal notification of approval.

Sincerely,

Adrienne Redd
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Adrienne Redd, adrienne.redd@aigretirement.com
2919 Allen Parkway (713) 831-8707 [Phone]
Houston, TX 77019 (713) 831-6932[FAX]

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:
Houston, TX 77019 Group Name: State ID Number:

SERFF Tracking Number: AGNN-125836159 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40427
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Variable
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(713) 831-1305 ext. [Phone]

FEIN Number: 74-1625348

SERFF Tracking Number: AGNN-125836159 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: TX's filing fee is \$100 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	10/01/2008	22861592

SERFF Tracking Number: AGNN-125836159 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/09/2008	10/09/2008

SERFF Tracking Number: AGNN-125836159 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40427
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Variable
Product Name: VL 22186 VER 9/2008
Project Name/Number: Single Premium Deferred Annuity Application/VL 22186 VER 9/2008

Disposition

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-125836159 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40427
 Company Tracking Number: VL 22186 VER 9/2008
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: VL 22186 VER 9/2008
 Project Name/Number: Single Premium Deferred Annuity Application/VL 22186 VER 9/2008

Form Schedule

Lead Form Number: VL 22186 VER 9/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 22186 VER 9/2008	Application/SPDA Enrollment Form	Application	Initial		40	VL 22186_09- 2008 FILED - John Doe.pdf

1. OWNER

Name: John Doe SSN or Tax ID: 999-99-9999
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Age: 38 Date of Birth: 04/01/1970
 Married Not Married Civil Union/Domestic Partner (If recognized by your state, see information page.)

Residence Address: 123 MAIN STREET
City: ANYWHERE State: USA ZIP: XXXXX Daytime Phone: (123) 456-7890

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ SSN or Tax ID: _____
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Age: _____ Date of Birth: _____
 Married Not Married Civil Union/Domestic Partner (If recognized by your state, see information page.)
Daytime Phone: (____) _____

2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.
Name: _____ SSN or Tax ID: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ ZIP: _____
Gender: Male Female Relationship to Owner: _____ Age: _____ Daytime Phone: (____) _____

3. OWNER'S BENEFICIARY DESIGNATION

In the event of death of Owner, Surviving Joint Owner becomes Primary Beneficiary.
 If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.
Primary Name: JANE DOE Relationship or Trustee Name: WIFE
Contingent Name: _____ Relationship or Trustee Name: _____

4. PURCHASE PAYMENT

Policy Number: 4123456 Policy Date: 09/29/2008
Single Premium Payment: \$ 10,000 Annuity Date: 09/29/2008
PLAN TYPE (required): Non-Qualified Qualified
Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 (Corporate Plan) 403(b) TSA Other: _____
Check one: Initial Contribution for Tax Year: _____ Transfer Rollover Roth IRA Conversion Year: _____
INITIAL INDEX TERM: [7-Year Term 9-Year Term]

5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).

[Do you have any existing life insurance policies or annuity contracts in this or any other company? Yes No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? Yes No
If yes, complete the following:
Company Name: _____ Policy No.: _____]

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

- I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true.
- I have read and understand the important disclosures on the Information page of this application.
- The contract I have applied for is suitable for my insurance investment objective, financial situation and needs.
- I understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.

Owner's Signature: John Doe Signed at City/State: ANYWHERE, USA XXXXX Date: 09/29/08

Joint Owner's Signature (if applicable): _____ Signed at City/State: _____ Date: _____

AIG Retirement is the marketing name for the group of companies comprising AIG Retirement Advisors, Inc.; AIG Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.

6. REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Bill Agent
 Licensed Agent's Signature

ABC INSURANCE AGENCY #12345
 Agency Name and Number

Bill Agent
 Licensed Agent (Print name)

45678
 State License #

24-7
 Agent #

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia, Kansas, Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits. A beneficiary can be an individual, institution, entity or trustee. If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If you intend to name multiple beneficiaries or a beneficiary is a minor, please complete and attach a Service Request Form (VL 100). VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a minor.

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Disability
- Age 59½ or older
- Death
- Hardship (contributions only)

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.

CIVIL UNION/DOMESTIC PARTNER

[Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Please send completed forms to:

[AIG Retirement Document Control
 P.O. Box 15648
 Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

[AIG Retirement Document Control
 2271 S.E. 27th Avenue
 Amarillo, Texas 79103]

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 09/29/2008
Comments:
Attachment:
FLESCH-AR.pdf

Review Status:
Satisfied -Name: Application 09/29/2008
Comments:
Attachment:
VL 22186_09-2008 FILED.pdf

Review Status:
Satisfied -Name: Statement of Variability 10/01/2008
Comments:
Attachment:
SOV_VL 22186 VER 9-2008.pdf

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
VL 22186 VER 9/2008	SPDA Application	40

Adrienne Redd

Adrienne Redd
Legal Analyst

October 1, 2008

Date

1. OWNER

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Age: _____ Date of Birth: _____

Married Not Married Civil Union/Domestic Partner (If recognized by your state, see information page.)

Residence Address: _____

City: _____ State: _____ ZIP: _____ Daytime Phone: (_____) _____

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Age: _____ Date of Birth: _____

Married Not Married Civil Union/Domestic Partner (If recognized by your state, see information page.)

Daytime Phone: (_____) _____

2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ SSN or Tax ID: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Gender: Male Female Relationship to Owner: _____ Age: _____ Daytime Phone: (_____) _____

3. OWNER'S BENEFICIARY DESIGNATION

In the event of death of Owner, Surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Name: _____ Relationship or Trustee Name: _____

Contingent Name: _____ Relationship or Trustee Name: _____

4. PURCHASE PAYMENT

Policy Number: _____ Policy Date: _____

Single Premium Payment: \$ _____ Annuity Date: _____

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 (Corporate Plan) 403(b) TSA Other: _____

Check one: Initial Contribution for Tax Year: _____ Transfer Rollover Roth IRA Conversion Year: _____

INITIAL INDEX TERM: [7-Year Term 9-Year Term]

5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).

[Do you have any existing life insurance policies or annuity contracts in this or any other company? Yes No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? Yes No

If yes, complete the following:

Company Name: _____ Policy No.: _____]

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

- I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true.
- I have read and understand the important disclosures on the Information page of this application.
- The contract I have applied for is suitable for my insurance investment objective, financial situation and needs.
- I understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.

Owner's Signature _____ Signed at City/State _____ Date _____

Joint Owner's Signature (if applicable) _____ Signed at City/State _____ Date _____

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6. REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? Yes No
If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A]
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent's Signature

Agency Name and Number

Licensed Agent (Print name)

State License #

Agent #

INFORMATION

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

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- Hardship (contributions only)

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P.O. Box 15648
Amarillo, TX 79105-5648]

Call [1-800-448-2542] for assistance.

Overnight Delivery:

[AIG Retirement Document Control
2271 S.E. 27th Avenue
Amarillo, Texas 79103]

STATEMENT OF VARIABILITY

FORM: VL 22186 VER 9/2008

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

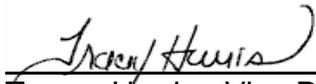
Section 4 Purchase Payment, Initial Index Term: The number of years is bracketed so that we may later add a range of years. The terms will range between one and ten.

Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.

INFORMATION:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - Arizona Residents Disclosure
 - California Senior Disclosure
 - State specific Fraud Warnings
 - Civil Union / Domestic Partner Disclosure

- b. The company contact information is shown as bracketed for situations where the information may change.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

September 30, 2008

Date