

SERFF Tracking Number: AMGN-125831607 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 40434
 Company Tracking Number: AGLA 08AHA
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Additional Insured's Term Life Insurance Rider
 Project Name/Number: Rider/AGLA 08AHA

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: Additional Insured's Term Life Insurance Rider SERFF Tr Num: AMGN-125831607 State: ArkansasLH

Insurance Rider

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40434

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: AGLA 08AHA

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Hyacinth Prince

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: Rider

Status of Filing in Domicile: Pending

Project Number: AGLA 08AHA

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to our domicile state of Tennessee

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The above form is being submitted for your consideration and approval. It is new and does not replace any form previously approved by your department. We have submitted the referenced form to our domicile state of Tennessee.

AGLA 08AHA is an individual, nonparticipating rider providing an adjustable death benefit on the life of individuals other

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than the basic Insured. The Flesch readability score for the rider is 52.6.

If I may provide any additional information, please contact me as shown below.

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
 American General Center (615) 749-1139 [Phone]
 Nashville, TN 37250-0001 (615) 749-2521[FAX]

Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee
 Company
 American General Center Group Code: 12 Company Type:
 Nashville, TN 37250-0001 Group Name: AIG State ID Number:
 (615) 749-1139 ext. [Phone] FEIN Number: 62-0306330

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 1 x 20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$20.00	10/01/2008	22854098

SERFF Tracking Number: AMGN-125831607 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: AMGN-125831607 State: Arkansas
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Disposition

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Form	Additional Insured's Term Life Insurance Rider		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 08AHA	Certificate Amendmen t, Insert	Additional Insured's Term Life Insurance Rider	Initial		53	AGLA08AHA.pdf

ADDITIONAL INSURED'S TERM LIFE INSURANCE RIDER

Provides an Adjustable Death Benefit for an Additional Insured

ADDITIONAL INSURED

Additional Insured means each person covered under this rider as shown on the Policy Schedule.

ADDITIONAL INSURED DEATH BENEFIT

If an Additional Insured dies before the Expiry Date of this rider, and while this rider is in force, We will pay the Death Benefit after We receive due proof of death and a proper written claim. Any Death Benefit payable under this rider will be paid to the Insured, unless a different beneficiary for the Additional Insured's coverage is stated in the application or in an endorsement attached to the Policy.

The Death Benefit will be subject to any increases or decreases made to the Amount for this rider; the Initial Amount is shown on the Policy Schedule. Guidelines for changing the Amount will be found below in the provision entitled "Change In Rider Amount".

MONTHLY ADMINISTRATION FEE

An administration fee will be deducted monthly. The initial Monthly Administration Fee is shown on the Policy Schedule. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

COST OF INSURANCE

We calculate the Cost of Insurance for each Additional Insured's coverage under this rider on each monthly Deduction Day while such coverage is in force. The Cost of Insurance for an Additional Insured's coverage under this rider is:

- (a) the Cost of Insurance Rate applicable to such Additional Insured;
- (b) multiplied by such Additional Insured's Amount of Insurance divided by 1 plus the Guaranteed Interest Rate shown in the Policy Schedule;
- (c) divided by 1,000.

COST OF INSURANCE RATE

The Cost of Insurance Rate for the Initial Amount, and for each Amount increase is based on an Additional Insured's:

- (a) gender;
- (b) Attained Age; and
- (c) Premium Class and Age shown on the Policy Schedule associated with the Initial Amount and each increase in the Amount.

The Cost of Insurance Rate applicable on a monthly Deduction Day to the Initial Amount and to each Amount increase for an Additional Insured is also based on such Additional Insured's total Amount in force on such date.

The Guaranteed Cost of Insurance Rates are shown in the table "Additional Insured Guaranteed Monthly Cost of Insurance" in this rider. We can use Cost of Insurance Rates that are lower than the guaranteed rates. Any change in rates will apply to all riders in the same rate class as this rider. The rate class of this rider is determined on its Effective Date for each Additional Insured according to the:

- (a) calendar year of issue and the number of years since the Effective Date;
- (b) amount of insurance; and
- (c) Age, gender and mortality classifications of the Additional Insured.

The Cost of Insurance for each Additional Insured's coverage under this rider will be included in the Monthly Deduction on each monthly Deduction Day while such coverage is in force.

CHANGE IN RIDER AMOUNT

You may request a change in this rider's Amount at any time after the first rider year. Your request must be submitted to Our Home Office in writing in a form acceptable to Us. This rider and the Policy must accompany Your request. We will amend the Policy to show the effective date of any change in this rider's Amount.

We will require a supplemental application and evidence of the Additional Insured's insurability satisfactory to Us for any increase in the Amount. We reserve the right to set a minimum on the amount of any increase. Any increase will be effective on the monthly Deduction Day on or next following the date that We approve the application for increase. (See "Suicide Exclusion" and "Incontestability")

Any decrease in the Amount will be effective on the monthly Deduction Day following the day We receive the request. The Amount remaining in effect after any decrease may not be less than the minimum amount that We will allow at that time. A requested decrease will be applied in the following order:

- (a) against any Amount provided by an increase, beginning with the most recent;
- (b) against the Initial Amount.

SUICIDE EXCLUSION

We will not pay the Death Benefit for an Additional Insured if such Additional Insured takes his or her own life, while sane or insane, within two years from the Effective Date of his or her coverage under this rider. We will return all Costs of Insurance deducted for such Additional Insured's coverage under this rider and such coverage will terminate.

If there are any increases in the Amount (see "Change in Rider Amount") a new two-year period shall apply to each increase beginning on the date of each increase. We will return all Costs of Insurance associated with each increase.

EFFECTIVE DATE

The Effective Date of this rider is the Date of Issue, unless a later Effective Date for this rider is shown on the Policy Schedule.

PREMIUM CLASS

The Premium Class for each Additional Insured under this rider is shown on the Policy Schedule.

AGE AND GENDER INCORRECTLY STATED

If an Additional Insured's Age or gender has been incorrectly stated in the application, We will adjust the Death Benefit. The adjusted Death Benefit will be the amount that would have been purchased by the most recent Cost of Insurance for the Additional Insured's coverage at the Additional Insured's correct Attained Age and gender.

Age means the Additional Insured's age last birthday as of the Effective Date of his or her coverage under this rider. Attained Age means the Additional Insured's Age plus the number of full years from the Effective Date of his or her coverage under this rider.

CONVERSION OPTION

If the conditions below are met, You may convert the Additional Insured's coverage under this rider to a New Policy. We will not require evidence of insurability.

You must submit a written application and pay the premium for the New Policy while the Additional Insured is alive and:

- (a) while the Policy and this rider are in force; or
- (b) within 31 days after this rider has terminated due to the Insured's death; or
- (c) if applicable, within 31 days after this rider has terminated due to an election to accelerate the Insured's entire Death Benefit in force under the Policy.

NEW POLICY

You may select the plan and amount of insurance for the New Policy. The plan must be:

- (a) a level premium or level amount whole life plan, or a flexible premium adjustable life plan; and
- (b) a plan that is then regularly issued at the Additional Insured's Attained Age, the Premium Class of the New Policy and for the amount of insurance selected; and
- (c) issued by Us or by one of Our affiliated companies and made available to Our policyowners for conversion purposes.

The amount of insurance for the New Policy cannot be more than the Amount under this rider on the date of conversion. The premium for the New Policy will be determined by Our published rates then in effect for the Additional Insured's Attained Age and the Premium Class of the New Policy.

The Premium Class of the New Policy will be the same as the Additional Insured's Premium Class under this rider. If the plan and amount selected is not available in that Premium Class at the Additional Insured's Attained Age, the Premium Class will be the Premium Class which We determine to be the most nearly comparable.

The New Policy will not include any **ADDITIONAL BENEFITS provided by Riders** unless agreed to by Us.

INCONTESTABILITY

We rely on the statements made in the application for this rider and the application for any reinstatements of this rider or any increases of coverage under this rider. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this rider unless it is in such applications.

Except for non-payment of premiums, for fraudulent misrepresentation, or as stated below, We cannot contest this rider after it has been in force during the Additional Insured's lifetime for two years from the rider's Effective Date.

Exceptions:

- (a) We cannot contest any claim related to an increase in the additional Insured Death Benefit Rider after such increase has been in effect during the covered Additional Insured's lifetime for two years.
- (b) If this rider is reinstated, We cannot contest this rider after it has been in effect during the Additional Insured's lifetime for two years from the date of reinstatement.

REINSTATEMENT

At any time within five years after the end of the Grace Period and before the Expiry Date, We will reinstate this rider by written request if the conditions below are met. To reinstate this rider You must:

- (a) reinstate the Policy at the same time;
- (b) present evidence of the Additional Insured's insurability satisfactory to Us; and
- (c) pay enough premium to keep this rider in force for two months.

The reinstated rider will be in force from the monthly Deduction Day on or following the date We approve the reinstatement application.

TERMINATION

An Additional Insured's coverage under this rider will terminate:

- (a) on the Expiry Date for such Additional Insured's coverage under this rider as shown on the Policy Schedule;

- (b) on the monthly Deduction Day next following Our receipt of a written request from You to terminate such Additional Insured's coverage;
- (c) on the Additional Insured's death;
- (d) on the date that all of such Additional Insured's Amount under this rider is converted according to the Conversion Option provision;
- (e) on the Termination Date of the Policy; or
- (f) if applicable, on the date the Policy is continued as paid-up whole life insurance.

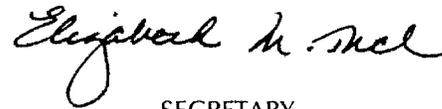
Any Cost of Insurance deducted after the end of coverage will be credited to the Accumulation Value of the Policy.

GENERAL

This rider is a part of the Policy to which it is attached. Its benefits are subject to all of the terms of this rider and the Policy. This rider has no Cash or Loan Value.

(ADDITIONAL INSURED GUARANTEED MONTHLY COST OF INSURANCE RATES PER 1,000 OF AMOUNT TABLES ARE ATTACHED.)

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY



SECRETARY

**ADDITIONAL INSURED GUARANTEED MONTHLY COST OF INSURANCE RATES
PER 1,000 OF AMOUNT - MALES**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO
0	\$0.06	40	\$ 0.24	\$ 0.12	80	\$ 8.29	\$ 6.22
1	0.03	41	0.26	0.13	81	9.13	6.95
2	0.02	42	0.29	0.15	82	10.00	7.74
3	0.02	43	0.32	0.16	83	10.94	8.61
4	0.01	44	0.36	0.18	84	12.02	9.59
5	0.01	45	0.39	0.20	85	13.26	10.69
6	0.01	46	0.43	0.22	86	14.63	11.92
7	0.01	47	0.46	0.23	87	16.11	13.27
8	0.01	48	0.49	0.25	88	17.68	14.74
9	0.01	49	0.52	0.26	89	19.33	16.30
10	0.02	50	0.56	0.28	90	20.96	17.89
11	0.02	51	0.61	0.31	91	22.54	19.49
12	0.02	52	0.67	0.34	92	24.20	21.20
13	0.03	53	0.74	0.38	93	25.96	23.05
14	0.04	54	0.83	0.43	94	27.87	25.04
15	0.05	55	0.93	0.48	95	29.84	27.06
16	0.06	56	1.03	0.54	96	31.77	29.09
17	0.07	57	1.12	0.59	97	33.84	31.31
18	0.07	58	1.21	0.64	98	36.10	33.74
19	0.08	59	1.31	0.71	99	38.54	36.43
20	0.10	60	1.43	0.78	100	40.90	39.08
21	0.11	61	1.59	0.88	101	42.98	41.51
22	0.11	62	1.77	0.99	102	45.22	44.17
23	0.12	63	1.96	1.11	103	47.64	47.11
24	0.13	64	2.15	1.23	104	50.49	50.33
25	0.13	65	2.34	1.36	105	54.03	53.86
26	0.14	66	2.52	1.49	106	57.96	57.80
27	0.15	67	2.70	1.63	107	62.35	62.19
28	0.15	68	2.89	1.77	108	67.27	67.12
29	0.15	69	3.10	1.94	109	72.85	72.70
30	0.15	70	3.34	2.13	110	79.19	79.04
31	0.15	71	3.64	2.36	111	83.33	83.33
32	0.15	72	3.98	2.64	112	83.33	83.33
33	0.15	73	4.33	2.93	113	83.33	83.33
34	0.16	74	4.71	3.24	114	83.33	83.33
35	0.17	75	5.14	3.58	115	83.33	83.33
36	0.18	76	5.61	3.97	116	83.33	83.33
37	0.19	77	6.16	4.42	117	83.33	83.33
38	0.20	78	6.80	4.95	118	83.33	83.33
39	0.22	79	7.51	5.55	119	83.33	83.33
					120	83.33	83.33

The rates shown above represent the Guaranteed (maximum) Monthly Cost of Insurance for each \$1,000 of Amount of Insurance. If the Additional Insured is in a Rated Premium Class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**ADDITIONAL INSURED GUARANTEED MONTHLY COST OF INSURANCE RATES
PER 1,000 OF AMOUNT - FEMALES**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO
0	\$0.03	40	\$ 0.18	80	\$ 6.10
1	0.02	41	0.19	81	6.76
2	0.01	42	0.21	82	7.46
3	0.01	43	0.22	83	8.17
4	0.01	44	0.24	84	8.92
5	0.01	45	0.27	85	9.62
6	0.01	46	0.30	86	10.44
7	0.01	47	0.33	87	11.46
8	0.01	48	0.37	88	12.50
9	0.01	49	0.42	89	13.47
10	0.01	50	0.47	90	14.02
11	0.02	51	0.53	91	14.48
12	0.02	52	0.59	92	15.47
13	0.02	53	0.65	93	16.90
14	0.02	54	0.72	94	18.94
15	0.03	55	0.79	95	21.42
16	0.03	56	0.87	96	23.86
17	0.03	57	0.95	97	25.34
18	0.03	58	1.03	98	25.94
19	0.03	59	1.12	99	27.58
ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO
20	0.04	60	1.21	100	29.86
21	0.05	61	1.31	101	32.39
22	0.05	62	1.42	102	35.24
23	0.05	63	1.53	103	38.43
24	0.06	64	1.65	104	42.28
25	0.06	65	1.77	105	46.95
26	0.07	66	1.91	106	52.04
27	0.07	67	2.07	107	57.56
28	0.07	68	2.23	108	63.58
29	0.08	69	2.42	109	70.31
30	0.08	70	2.63	110	77.66
31	0.09	71	2.87	111	83.33
32	0.10	72	3.13	112	83.33
33	0.11	73	3.41	113	83.33
34	0.12	74	3.71	114	83.33
35	0.13	75	4.02	115	83.33
36	0.14	76	4.36	116	83.33
37	0.15	77	4.73	117	83.33
38	0.16	78	5.13	118	83.33
39	0.17	79	5.56	119	83.33
				120	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Amount or insurance. If the Additional Insured is a rated Premium Class, the guaranteed monthly cost will be calculated as described on the Policy Schedule.

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Rate Information

Rate data does NOT apply to filing.

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Product Name: Additional Insured's Term Life Insurance Rider
Project Name/Number: Rider/AGLA 08AHA

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/24/2008

Comments:

Attachments:

ARCERT1.pdf

ARCERT5.pdf

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

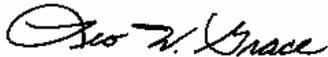
Subject: AGLA 08AHA Additional Insured's Term Life Insurance Rider

This is to certify that, to the best of my knowledge and belief, the above form complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act; the Flesch score is as follows:

Form Number
AGLA 08AHA

Flesch Score
52.6

Leo W. Grace



Vice President

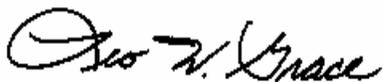
DATE October 1, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08AHA Additional Insured's Term Life Insurance Rider

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in black ink that reads "Leo W. Grace". The signature is written in a cursive style with a large initial "L" and "G".

Leo W. Grace
Director

DATE: October 1, 2008