

SERFF Tracking Number: AGNN-125877792 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 40774
Company Tracking Number: VL 18324 VER 1/2008
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: VL 18324 VER 1/2008
Project Name/Number: VL 18324 VER 1/2008/VL 18324 VER 1/2008

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 18324 VER 1/2008 SERFF Tr Num: AGNN-125877792 State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40774
Variable

Sub-TOI: A021.002 Flexible Premium Co Tr Num: VL 18324 VER 1/2008 State Status: Approved-Closed

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

Author: Angie Fox Disposition Date: 11/06/2008

Date Submitted: 11/04/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: VL 18324 VER 1/2008

Project Number: VL 18324 VER 1/2008

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The above-referenced form is enclosed for your review and approval. Form VL 18324 VER 1/21008 is a new form and does not replace any forms previously approved by your Department. The application will be used to enroll in a retirement plan funded by our individual flexible premium annuity contract IFA-406 approved by your Department on May 5, 2006.

This application form includes replacement questions as well as an investor profile to determine investment goals and

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suitability.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

If you have any questions or need additional information, please contact me at 1-800-262-4764, x6050 or via e-mail at angie.fox@aigretirement.com. My fax number is 713-831-6932.

Company and Contact

Filing Contact Information

Angie Fox, angie.fox@aigretirement.com
 2919 Allen Parkway, L10-30 (713) 831-6050 [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:
 (713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: The fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	11/04/2008	23704028

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/06/2008	11/06/2008

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Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved

Comment:

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	statement of variability		Yes
Form	Annuity Application		Yes

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Form Schedule

Lead Form Number: VL 18324 VER 1/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 18324 VER 1/2008	Application/ Annuity Enrollment Form	Application	Initial		45	VL 18324- 0108-filed.pdf

The Variable Annuity Life Insurance Company (VALIC)
Houston, Texas

403(b) 457(b) TRADITIONAL IRA ROTH IRA

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Date of Birth: _____
 Married Not Married Civil Union/Domestic Partner (If recognized by your state, see information pages.)
Residence Address*: _____ City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Mailing Address* (if different from above): _____
City: _____ State: _____ ZIP: _____
*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION

[This beneficiary designation supersedes all previous beneficiary designations for such account(s).
• To ensure that all beneficiaries are identified, list each by name.
• If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
• Percentage total must equal 100%.
• A beneficiary may be an individual, institution, estate, or trust.
• 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 between 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.]

2A. [INDEPENDENT CHANNEL] ANNUITY (Required – this section must be completed.)

The beneficiary(s) for the [Independent Channel] Annuity is the same as the beneficiary for my mutual fund custodial account. (No designation required.)

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check here if you have named additional beneficiaries on a separate sheet, signed, dated and attached to this form.
Print your name and Social Security number at the top of each separate sheet attached.

3. CONTRIBUTION SOURCE

BE COMPLETED BY [AGENT]

		Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b) Only
Plan Information	Plan Type	_____	_____	_____	_____	_____
	Plan #	_____	_____	_____	_____	_____
	Product	_____	_____	_____	_____	_____
	Sub Group	_____	_____	_____	_____	_____

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 or older 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 options(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

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.]

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 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

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

You may withdraw up to 20% of the fixed account accumulation value each contract year.

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.]

Questions about this form may be directed to [1-800-448-2542], Monday through Friday, 7 a.m. to 8 p.m. Central Time.

Please send completed forms to:

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

Overnight Delivery

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

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 10/28/2008
Comments:
in compliance; please refer to general information tab.

Review Status:
Satisfied -Name: statement of variability 11/04/2008
Comments:
Attachment:
SOV.pdf

Statement of Variability for Form VL 18324 VER 1/2008

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:

- Beneficiary Information in section 2 is bracketed to adjust for state regulatory and/or administrative purposes.
- Independent Channel (title and section 2A) is bracketed since the product name could change depending on the market that it is being offered in.
- Agent's replacement questions on page 2 are bracketed to allow for changes in state regulations.
- Withdrawal Restrictions for 403(b) Participants on the last page is to allow for flexibility in offering both qualified and non-qualified versions of the two policies with which this application will be used. This information is only applicable to 403(b) participants and will therefore only appear for those applicants applying for a 403(b) contract.
- Information section on the last page: Fraud warnings are bracketed to allow for flexibility in compliance with state and federal law.
- Civil Union/Domestic Partner on the last page is to allow for flexibility to comply with states whose legislation recognizes civil unions.
- Contact information on the last page is bracketed to allow for flexibility when that information may change.



Tracey Harris
Vice President

November 4, 2008