

SERFF Tracking Number: AMGN-125930231 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 41046
Company Tracking Number: AGLA 09230
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: AGLA 09230 Single Premium Whole Life Insurance Policy
Project Name/Number: AGLA 09230 Single Premium Whole Life Insurance Policy/AGLA 09230

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 09230 Single Premium SERFF Tr Num: AMGN-125930231 State: ArkansasLH
Whole Life Insurance Policy

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 41046

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: AGLA 09230

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Marilyn Ellis

Disposition Date: 12/10/2008

Date Submitted: 12/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AGLA 09230 Single Premium Whole Life Insurance Policy

Status of Filing in Domicile: Pending

Project Number: AGLA 09230

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This policy will be 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: 12/10/2008

State Status Changed: 12/10/2008

Deemer Date:

Corresponding Filing Tracking Number: AGLA 09230

Filing Description:

AGLA 09230 Single Premium Whole Life Insurance

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.

SERFF Tracking Number: AMGN-125930231 State: Arkansas
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 Company
 Company Tracking Number: AGLA 09230
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
 Product Name: AGLA 09230 Single Premium Whole Life Insurance Policy
 Project Name/Number: AGLA 09230 Single Premium Whole Life Insurance Policy/AGLA 09230

AGLA 09230 is an individual, nonparticipating policy providing paid-up whole life insurance. The policy will be issued upon the Owner's election of the paid-up whole life option in universal life policies.

All or part of the Cash Surrender Value in these universal life policies may be used to purchase the referenced Single Premium Whole Life Policy at any time while the Insured is living.

The Flesch readability score for policy AGLA 09230 is 50.7.

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: \$50.00
 Retaliatory? No
 Fee Explanation: 1 policy x \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance	\$50.00	12/06/2008	24377231

SERFF Tracking Number: AMGN-125930231 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 41046
Company
Company Tracking Number: AGLA 09230
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: AGLA 09230 Single Premium Whole Life Insurance Policy
Project Name/Number: AGLA 09230 Single Premium Whole Life Insurance Policy/AGLA 09230

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/10/2008	12/10/2008

SERFF Tracking Number: AMGN-125930231 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 41046
Company
Company Tracking Number: AGLA 09230
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: AGLA 09230 Single Premium Whole Life Insurance Policy
Project Name/Number: AGLA 09230 Single Premium Whole Life Insurance Policy/AGLA 09230

Disposition

Disposition Date: 12/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMGN-125930231* State: *Arkansas*
 Filing Company: *American General Life and Accident Insurance Company* State Tracking Number: *41046*
 Company Tracking Number: *AGLA 09230*
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.111 Single Premium - Single Life*
 Product Name: *AGLA 09230 Single Premium Whole Life Insurance Policy*
 Project Name/Number: *AGLA 09230 Single Premium Whole Life Insurance Policy/AGLA 09230*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Single Premium Whole Life Insurance Policy		Yes

SERFF Tracking Number: AMGN-125930231 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 41046
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Form Schedule

Lead Form Number: AGLA 09230

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 09230	Policy/Cont	Single Premium ract/Fratern Whole Life Insurance al Policy Certificate	Initial		51	AGLA09230A R.pdf

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

We, Us and Our refer to American General Life and Accident Insurance Company. **You and Your** refer to the Owner of this Policy.

TWENTY DAYS TO EXAMINE CONTRACT. If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 20 days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid.

POLICY DATA

Insured - [John Doe]

Age - [35]

Gender - [Male]

Premium Class - [Standard-Tobacco]

Policy Number - [12345678]

Policy Date - [November 1, 2008]

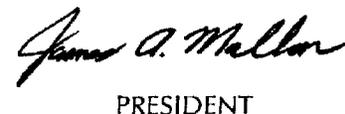
Face Amount - [\$19,753]

Single Premium - [\$5,000]

Beneficiary - See Predecessor Application

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.


SECRETARY


PRESIDENT

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PAYABLE AT DEATH OF INSURED
NONPARTICIPATING**

CONTENTS OF POLICY

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A copy of the application is included after Page 9.

POLICY PROVISIONS IN ALPHABETICAL ORDER

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POLICY SCHEDULE

Benefits and Premiums

	Amount	Termination Date	Single Premium
BASIC POLICY Single Premium Whole Life Insurance	[\$19,753]	--	[\$5,000.00]

ADDITIONAL BENEFITS provided by Riders

None

Total Single Premium: [\$5,000.00]

Table of Policy Values

End Of Policy Year	Cash Value	End Of Policy Year	Cash Value
[1	\$5,169.37	13	\$ 7,573.31
2	5,343.98	14	7,803.63
3	5,523.93	15	8,040.46
4	5,709.02	16	8,282.64
5	5,899.44	17	8,528.96
6	6,094.60	18	8,778.63
7	6,294.50	19	9,030.48
8	6,498.35	20	9,282.93
9	6,705.75	Age 60	10,569.64
10	6,916.72	Age 62	11,095.07
11	7,131.04	Age 65	11,862.87]
12	7,349.50		

These values assume that all premiums are paid to the end of the Policy Year and that there is no Loan Balance.

Loan Interest

Annual Policy Loan Interest Rate: 8.00%

Maturity Date

[September 1, 2069]

THE OWNER AND THE BENEFICIARY

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the Predecessor Application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18th birthday or on the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18th birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) Your legally-appointed Guardian; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms, and advice on any questions You might have, from one of Our local agents or directly from Our Home Office.

BENEFICIARY

The Beneficiaries for this Policy are as stated in the Predecessor Application, unless later changed. Each

Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured who We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Death Benefit to any person whom We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

PAYMENT OF INSURANCE BENEFITS

If the Insured dies while this Policy is in force, We will pay the Death Benefit to the Beneficiary after We receive due proof of death and a proper written claim. Due proof of the Insured's death will consist minimally of Our Company claim form completed by the Beneficiary and a certified copy of a death certificate of the Insured.

You and/or any other person claiming benefits under this Policy shall cooperate with Us in Our investigation of a claim under this Policy by providing assistance including, but not limited to, the completion and submission to Us of any questionnaire or authorization form needed, in Our opinion, to conduct such investigation.

We will pay any amount which becomes payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of eight percent on such amount after 30 days from the date when proof of death is received in Our Home Office until payment is made.

If the Insured is alive on the Maturity Date, We will pay the Net Cash Value to the Owner.

DEATH BENEFIT

The Death Benefit is the Face Amount minus any Loan Balance.

SUICIDE EXCLUSION

We will not pay any portion of the Death Benefit under this Policy corresponding directly to any portion of the Predecessor Policy's Specified Amount if the Insured dies by suicide, while sane or insane, within two years from the date of application for such portion of the Predecessor Policy's Specified Amount. We will return the Single Premium paid minus any Loan Balance and this Policy will terminate.

OTHER LIMITATIONS

Payment of the Death Benefit may also be affected by other provisions of this Policy. Special exclusions or limitations (if any) are listed on the Policy Schedule.

PAYING PREMIUMS

SINGLE PREMIUM

The Single Premium for this Policy is shown in the

Policy Data on Page 1. The Single Premium is due on the Policy Date.

CASH VALUES

CASH VALUE

The Cash Values for this Policy are shown on the Policy Schedule. These values assume premiums have been paid to the end of the Policy Year. The Cash Value at any other time depends on the premiums paid and the time elapsed since the last Policy Anniversary. Any Cash Value not shown will be furnished upon request.

NET CASH VALUE

The Net Cash value of this Policy is the Cash Value minus any Loan Balance.

CASH SURRENDER

You may surrender this Policy for its Net Cash Value at any time while the Insured is living. We can defer payment of the Cash Surrender for up to six months from the date We receive Your request.

POLICY LOANS

POLICY LOAN

You may obtain a Policy Loan on this Policy if it has a Loan Value. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Loan Value minus:

- (a) any existing Loan Balance; and
- (b) any Loan Interest to the next Policy Anniversary.

We can defer a Policy Loan for up to six months from the date We receive Your request. We will not defer any Policy Loan that is used to pay premiums to Us.

LOAN VALUES

The Loan Value of this Policy is its Cash Value as of the next Policy Anniversary.

LOAN INTEREST

Interest on the Policy Loan accrues daily at the Annual Policy Loan Interest Rate shown on the Policy Schedule. Interest is due on each Policy Anniversary and when a Policy Loan is repaid. If the interest is not paid when due, it will be added to the Policy Loan and accrue interest at the same time.

LOAN BALANCE

As used in this Policy, Loan Balance means the sum of any unpaid Policy Loans and accrued Loan Interest. We will deduct any Loan Balance from any amount payable under this Policy.

REPAYMENT

You may repay any part of the Loan Balance at any time while this Policy is in force. Failure to repay the Loan Balance will not terminate this Policy unless the Loan Balance exceeds the Cash Value. We will send a notice of termination to You and any assignee of which We have a record if this happens. We will mail these notices to the last addresses available to Us at least 31 days before the termination.

GENERAL PROVISIONS

THE CONTRACT

This Policy, the Predecessor Policy and the attached applications are the entire contract. This Policy has been issued as a result of the election of the Paid-Up Whole Life Option of a Predecessor Policy. The application for the Predecessor Policy is attached as a part of this Policy, along with any supplemental applications, endorsements or amendments, and collectively referred to herein as the Predecessor Application. This contract is made in consideration of Your application and the payment of the Single Premium as provided. We have relied on all statements in the application and Predecessor Application as being complete and true to the best of the knowledge and belief of the person(s) signing the applications. In the absence of fraud, these statements are representations and not warranties. We will not use a statement to contest a claim or the validity of this Policy unless it is contained in the application or the Predecessor Application.

No change in this Policy is valid unless it is in writing and signed by one of Our officers. No agent or other field representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

The Insured's Gender and Age on the Policy Date are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, any amount payable under this Policy will be the amount that the Single Premium paid would have purchased at the correct Age and Gender. Age means age on the Insured's last birthday. Attained Age means the Insured's Age shown in the Policy Data on Page 1 plus the number of years and completed months from the Policy Date.

POLICY DATE

The Policy Date is shown in the Policy Data on Page 1. It is used to determine Policy years and Policy Anniversaries.

INCONTESTABILITY

Except as stated below, this Policy will be incontestable with respect to any portion(s) of its Face Amount

corresponding directly to any portion of the Predecessor Policy's Specified Amount that will be incontestable on the Policy Date of this Policy. This Policy will be contestable with respect to any portion of its Face Amount corresponding directly to any portion(s) of the Predecessor Policy's Specified Amount that will be contestable on the Policy Date of this Policy and will be contestable for the same period(s) of time as would have applied to such portion(s) of the Predecessor Policy's Specified Amount.

This provision will not apply to any benefits for disability or accidental death.

ASSIGNMENT

You may assign this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and We have recorded it at Our Home Office. Any assignment is subject to any Policy Loan against this Policy. We will not be responsible for the validity of any assignment.

BASIS OF COMPUTATION OF POLICY VALUES

Cash Values and net single premiums are based on the Commissioners 2001 Standard Ordinary Mortality Table, adjusted for Age at last birthday and Premium Class. Continuous functions are used with interest of 4% per year.

The Cash Value at the end of a Policy year for which premiums have been paid is computed by the Standard Nonforfeiture Value Method using the adjusted premium as defined in the laws of the state in which this Policy is delivered.

The Cash Values are equal to or more than those required by law. A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

NONPARTICIPATION

This Policy is nonparticipating. The Single Premium does not include a charge for participation in surplus.

SETTLEMENT OPTIONS

Any amount payable under this Policy may be applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if a Settlement Option had not been elected.

We guarantee interest under these Settlement Options at the rate of two percent per year. The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years.

The amount of guaranteed income per \$1000 applied to purchase the Settlement Option will be furnished upon request.

OPTION ONE - PAYMENTS OF INTEREST ONLY

Periodic payments will be made of the interest credited on the amount applied.

OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least five years and not more than 30 years.

OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD

The amount applied will be used to provide a life annuity with a guaranteed payment period. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of age satisfactory to Us.

OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE

The amount applied will be used to provide a life annuity of any kind We issue on the date this option is elected. The payee must submit proof of age satisfactory to Us.

PERIODIC PAYMENTS

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

ELECTION OF OPTIONS

Settlement Options may be elected or changed:

- (a) by You, while the Insured is living; or
- (b) by the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

LIMITATIONS

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee;
- (b) a fiduciary; or
- (c) not a natural person (such as a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees and evidence of age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

DEATH OF PAYEE

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One;
- (b) the discounted value of any remaining payments under Option Two and Three; and
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

INCOME PLAN TABLES

MINIMUM MONTHLY INCOME PLAN PAYMENTS PER \$1,000 OF ANNUITY VALUE USED TO PURCHASE A SETTLEMENT OPTION

Attained Age of Payee When First Installment is Payable in 2008	Option 5		Option 4				Option 3	
	Life Income		Life Income with Guaranteed Period				Years Payable	Fixed Period Income
			10 Years		20 Years			
	Male	Female	Male	Female	Male	Female		
35	\$2.76	\$2.61	\$2.76	\$2.61	\$2.74	\$2.60	5	\$17.49
40	2.96	2.77	2.95	2.77	2.92	2.76	6	14.72
45	3.20	2.97	3.19	2.97	3.14	2.95	7	12.74
50	3.51	3.23	3.48	3.22	3.40	3.18	8	11.25
55	3.90	3.55	3.86	3.53	3.70	3.46	9	10.10
60	4.41	3.98	4.33	3.94	4.04	3.79	10	9.18
65	5.12	4.55	4.94	4.47	4.38	4.16	11	8.42
70	6.09	5.35	5.70	5.17	4.67	4.52	12	7.80
75	7.43	6.51	6.56	6.05	4.88	4.81	13	7.26
80	9.29	8.21	7.45	7.06	4.99	4.97	14	6.81
85	11.89	10.74	8.22	8.00	5.03	5.03	15	6.42
In 2018	Male	Female	Male	Female	Male	Female	16	6.07
35	2.73	\$2.57	2.73	2.57	2.72	2.56	17	5.77
40	2.93	2.72	2.92	2.72	2.90	2.71	18	5.50
45	3.16	2.91	3.15	2.91	3.11	2.89	19	5.26
50	3.46	3.15	3.44	3.14	3.36	3.11	20	5.04
55	3.84	3.45	3.80	3.44	3.66	3.38	21	4.85
60	4.33	3.85	4.26	3.82	3.99	3.70	22	4.67
65	5.01	4.38	4.86	4.31	4.33	4.06	23	4.51
70	5.95	5.11	5.59	4.97	4.64	4.44	24	4.36
75	7.22	6.18	6.45	5.81	4.86	4.75	25	4.22
80	9.00	7.72	7.34	6.81	4.98	4.94	26	4.10
85	11.50	10.02	8.14	7.79	5.03	5.03	27	3.98
In 2028	Male	Female	Male	Female	Male	Female	28	3.87
35	2.73	2.56	2.73	2.56	2.71	2.55	29	3.77
40	2.92	2.71	2.91	2.71	2.89	2.70	30	3.68
45	3.16	2.90	3.14	2.90	3.10	2.88		
50	3.45	3.13	3.43	3.13	3.35	3.10		
55	3.82	3.43	3.79	3.42	3.65	3.36		
60	4.32	3.82	4.25	3.79	3.98	3.68		
65	4.99	4.34	4.84	4.29	4.33	4.04		
70	5.92	5.07	5.57	4.93	4.63	4.42		
75	7.19	6.11	6.42	5.77	4.86	4.74		
80	8.95	7.63	7.32	6.76	4.98	4.94		
85	11.43	9.89	8.13	7.75	5.03	5.02		

All values shown are based on an interest rate of 2%.

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American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

SERFF Tracking Number: AMGN-125930231 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 41046
Company
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TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: AGLA 09230 Single Premium Whole Life Insurance Policy
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 12/03/2008

Comments:

Attachments:

87-1.pdf
AGLA120Z49 REV0807.pdf
ARCERT1.pdf
ARCERT5.pdf

Review Status:

Satisfied -Name: Application 12/03/2008

Comments:

AGLA 1000-1LQ (0205) was previously approved by your department on 4/07/05 via a paper filing.

Attachment:

1000-1LQ AR SPWL.pdf

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY
A Member Company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001
(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services
American General Life and Accident Insurance Company
American General Center - 305N
Nashville, Tennessee 37250
PH: 1-800-888-2452

State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
PH: 1-800-852-5494

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

American General Life and Accident Insurance Company

A member company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001

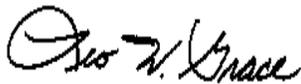


AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 09230 Single Premium Whole Life Insurance Policy

This is to certify that, to the best of my knowledge and belief, the subject form has achieved a Flesch Ease Score of 50.7 and complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace
Vice President

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

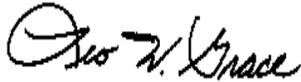
DATE: December 4, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 09230 Single Premium Whole Life Insurance Policy

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, appearing to read "Leo W. Grace". The signature is written in a cursive style with a large initial "L".

Leo W. Grace
Vice President

DATE: December 4, 2008

APPLICATION FOR LIFE INSURANCE
American General Life and Accident Insurance Company
 American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) John Doe

b. Address 123 4th Street Little Rock AR 72203
Street City State Zip Code

c. Social Security No. 123-34-6789

Birth Date and Place					Age	Gender
Month	Day	Year	State	Country		<input checked="" type="checkbox"/> M <input type="checkbox"/> F
12	01	1973	AR	USA	35	

d. Marital Status: Single Married Widowed Divorced

e. Height & Weight: 6 ft 0 ins 195 lbs

f. Driver's License No. 87654321 g. State of Issue AR

If over age 16 and no license, please explain why. _____

h. Current Occupation Mechanic i. How long in Current Occupation 10 yrs

j. Current Employer Doe's Garage k. Job Duties Mechanic

l. Annual Earned Income 50,000 m. Other Sources of Income _____

Answer the following questions if Disability Income Rider is being applied for or if premium mode is payroll deduction.

n. Length of Time Employed by Current Employer _____ o. Average No. of Hours Worked per Week in Occupation _____

p. Is Primary Proposed Insured actively at work and able to perform all regular job duties? Yes No

If "No," please explain why. _____

2. a. Plan Name SPWL Amount \$ 19,753 UL Death Benefit Option A Option B

b. Benefits & Riders

Waiver Rider AD

LTR \$ _____ Amt CTR \$ _____ Amt

SLTR \$ _____ Amt AIR \$ _____ Amt

AIO TIR

DIR 2 - Primary Insured DIR 2 - Additional Insured
 Monthly Benefit _____ Monthly Benefit _____
 Occ. Class _____ Occ. Class _____

DIR 5 - Primary Insured DIR 5 - Additional Insured
 Monthly Benefit _____ Monthly Benefit _____
 Occ. Class _____ Occ. Class _____

Other _____ \$ _____ Amt

Other _____ \$ _____ Amt

3. a. Premium \$ 5,000

b. Payment Mode: A S Q M
 Other Single Premium

Automatic Bank Check

Payroll Deduction

AG Payroll Deduction (AGLA employees only)

Add to existing ABC account, policy no. _____

Add to existing PD account no. _____

c. Is Automatic Premium Loan Provision to be in effect?
 Yes No

Answer the following question if premium mode is payroll deduction.

d. Are premiums to be paid with pre-tax dollars under a Section 125 (cafeteria) plan sponsored by your employer? Yes No

4. Owner Name (If other than Primary Proposed Insured) _____
 Address _____
Street City State Zip Code

Social Security No. _____ Relationship to Primary Proposed Insured _____

5. Premium Payor Name (If other than Primary Proposed Insured) _____
 Address _____
Street City State Zip Code

Social Security No. _____ Relationship to Primary Proposed Insured _____

REMARKS

6. First Beneficiary Jane Doe Name Wife Relationship 33 Age
 Second Beneficiary _____ Name _____ Relationship _____ Age _____

7. Additional Proposed Insured (If coverage applied for)

a. Name _____ Birth Date and Place: Month _____ Day _____ Year _____ State _____ Country _____

b. Social Security _____ c. Relationship _____ d. Age _____ e. Height & Weight: _____ ft _____ ins _____ lbs

f. Driver's License No. _____ g. State of Issue _____

If over age 16 and no license, please explain why. _____

h. Current Occupation _____ i. How long in Current Occupation _____

j. Current Employer _____ k. Job Duties _____

l. Annual Earned Income _____ m. Other Sources of Income _____

Answer the following questions if Disability Income Rider is being applied for or if premium mode is payroll deduction.

n. Length of Time Employed by Current Employer _____ o. Average No. of Hours Worked per Week in Occupation _____

p. Is Additional Proposed Insured actively at work and able to perform all regular job duties? Yes No

If "No," please explain why. _____

8. Enter names of children and legally adopted children for whom application for coverage is made who are: (1) members of your immediate family and household; and (2) under the age of 18.

Full Name	Age	Birth Date			Gender	Relationship (If stepchild, consent required)
		Month	Day	Year		
a. <u>John Doe, Jr</u>	<u>10</u>	<u>12</u>	<u>01</u>	<u>1998</u>	<u>M</u>	<u>Son</u>
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____

9. **Any child under age one (including Primary Proposed Insured)**
 Birth Weight _____ lbs. _____ oz. Weight Now _____ lbs. _____ oz.

BACKGROUND/HEALTH QUESTIONS

	YES	NO
10. Does any proposed insured have a life insurance policy or annuity contract in force or have any pending application for a life insurance policy or annuity contract with this Company or any other company?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," Insured's Name _____ Co. Name _____		
Type of Coverage _____ Amt. of Coverage _____ Pol. No. _____		
11. Will any existing insurance coverage or annuity contract be replaced or changed if the policy applied for is issued?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," Insured's Name _____ Co. Name _____		
Type of Coverage _____ Amt. of Coverage _____ Pol. No. _____		
12. Has any proposed insured ever had an application for insurance modified, rated, declined, postponed, or withdrawn?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Within the last 10 years, has any proposed insured been diagnosed as having or been treated for any of the following?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," check applicable boxes below.		
<input type="checkbox"/> Alzheimer's disease	<input type="checkbox"/> leukemia	
<input type="checkbox"/> cancer	<input type="checkbox"/> malignant tumor	
<input type="checkbox"/> cirrhosis of the liver	<input type="checkbox"/> melanoma	
<input type="checkbox"/> hemophilia	<input type="checkbox"/> non Hodgkin's lymphoma	
<input type="checkbox"/> Hodgkin's disease	<input type="checkbox"/> sickle cell anemia	
<input type="checkbox"/> kidney failure		
15. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for any of the following?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," check applicable boxes below.		
<input type="checkbox"/> chest pain	<input type="checkbox"/> disease or disorder of the musculoskeletal system	
<input type="checkbox"/> diabetes	<input type="checkbox"/> disease or disorder of the nervous system	
<input type="checkbox"/> disease or disorder of the digestive system	<input type="checkbox"/> disease or disorder of the reproductive system	
<input type="checkbox"/> disease or disorder of the heart, blood or blood vessels	<input type="checkbox"/> disease or disorder of the thyroid or other gland(s)	
<input type="checkbox"/> disease or disorder of the kidneys	<input type="checkbox"/> high blood pressure	
<input type="checkbox"/> disease or disorder of the liver	<input type="checkbox"/> mental illness, brain disorder	
<input type="checkbox"/> disease or disorder of the lungs or respiratory system	<input type="checkbox"/> stroke	

OWNER'S CERTIFICATION

Under penalties of perjury, I certify that the following number, 111-22-3333, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X John Doe 12/01/2008
 Signature of Owner Date

Consent to Insurance on Life of Minor Primary Proposed Insured

I hereby consent to the insurance plan, amount and beneficiary designation shown on the application and also reaffirm the answers to the health questions as they pertain to the Minor Primary Proposed Insured.

X _____
 Signature of Father, Mother or Legal Guardian Date

Consent to Insurance on Life of Minor who is Stepchild of Primary Proposed Insured

I hereby consent to the insurance plan and amount shown on this application as to any biological and adopted child(ren) of mine listed in this application. I understand that the beneficiary of such applied-for coverage on such child(ren) will be the Owner of the policy. I affirm the answers to the health questions on this application as to such child(ren).

X _____
 Signature of Biological/Adoptive Parent Date

ACKNOWLEDGEMENT - AGREEMENT - AUTHORIZATION - NOTICE

I, the Primary Proposed Insured (and any Owner or Additional Proposed Insured signing below), by my signature set forth hereafter: **ACKNOWLEDGE THAT, IF A CONDITIONAL RECEIPT WAS ISSUED TO ME AS A RESULT OF THIS APPLICATION, I HAVE READ, OR WILL BE GIVEN THE OPPORTUNITY TO READ OR HAVE READ TO ME, ALL TERMS AND PROVISIONS OF SUCH CONDITIONAL RECEIPT. AGREE TO THE FOLLOWING: (A) UNDER THE CONDITIONAL RECEIPTS GIVEN TO ME AS A RESULT OF THIS APPLICATION, IF ANY, AND ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY ("THE COMPANY"), THE AGGREGATE LIABILITY ON ACCOUNT OF ALL COVERAGES APPLIED FOR WITH THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. (B) ANY TEMPORARY INSURANCE ARISING UNDER THE TERMS OF ANY CONDITIONAL RECEIPT GIVEN TO ME AS A RESULT OF THIS APPLICATION SHALL BECOME EFFECTIVE ONLY IF AND WHEN SUCH CONDITIONAL RECEIPT IS DELIVERED TO THE OWNER. FURTHER AGREE** to the following: (a) All statements and answers in this application are complete and true to the best of my knowledge and belief. (b) Except as stated in any Conditional Receipt, if such conditional receipt was given to me as a result of this application, the insurance shall take effect on the Policy Date shown in the policy if the first full premium has been paid within 31 days of the Policy Date. (c) No agent has authority to waive any answer or otherwise modify this application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application. **AUTHORIZE:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits. **ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; and (c) Investigative Consumer Report. **NOTICE: 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.**

PRIMARY PROPOSED INSURED - If an investigative consumer report is prepared in connection with this application:

- I elect to be interviewed. I elect NOT to be interviewed.

ADDITIONAL PROPOSED INSURED - If an investigative consumer report is prepared in connection with this application:

- I elect to be interviewed. I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance? Yes (Explain) No

Signed at Little Rock AR 12/01, 2008 X John Doe
 City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

X _____ X _____
 SIGNATURE OF ADDITIONAL INSURED (IF INCLUDED AS A PROPOSED INSURED) SIGNATURE OF OWNER AND RELATIONSHIP (IF OTHER THAN PRIMARY PROPOSED INSURED)

X _____ X _____
 SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT