

SERFF Tracking Number: AMGN-125323102 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 38079
Company Tracking Number: 07130
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
Product Name: 07130
Project Name/Number: 07130/07130

Filing at a Glance

Company: American General Life Insurance Company

Product Name: 07130 SERFF Tr Num: AMGN-125323102 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 38079

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: 07130 State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Author:

Disposition Date: 06/05/2008

Date Submitted: 02/05/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 07130

Project Number: 07130

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/05/2008

State Status Changed: 06/05/2008

Corresponding Filing Tracking Number: 07130

Filing Description:

RE: NEW FORM FILING

AMERICAN GENERAL LIFE INSURANCE COMPANY

NAIC # 012-60488 FEIN # 25-0598 210

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently being filed in our domiciliary state of Texas.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: AMGN-125323102 State: Arkansas
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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 07130
Project Name/Number: 07130/07130

Forms Description

07130-04 Policy

07130-OLC-04 Outline of Coverage

AGLC102737-AR Application

The above captioned forms are being submitted for your consideration and approval. They do not replace any forms previously approved by your department. The forms are concurrently being filed in our domiciliary state of Texas.

Form 07130-04 is a cancer policy providing coverage for specified types of cancer which typically would only occur in females. The form will be sold to individual insurance consumers by direct marketing.

In addition to the forms captioned above, an Actuarial Memorandum with Rates is included with this filing.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and the type font, size (10 point minimum) and color.

Company and Contact

Filing Contact Information

Brian Hull, brian_hull@aigag.com
2929 Allen Parkway (713) 831-2219 [Phone]
Houston, TX 77019 (713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas
2727-A Allen Parkway Group Code: 12 Company Type:
Houston, TX 77019 Group Name: AIG State ID Number:
(713) 831-3508 ext. [Phone] FEIN Number: 25-0598210

Filing Fees

SERFF Tracking Number: AMGN-125323102 State: Arkansas
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Project Name/Number: 07130/07130

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	02/05/2008	17822798

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	06/05/2008	06/05/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	02/07/2008	02/07/2008	Dean Young	03/04/2008	03/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Actuarial Memorandum	Rate	Dean Young	06/05/2008	06/05/2008
Cancer Only Policy	Form	Dean Young	04/30/2008	04/30/2008
Cancer Only Outline	Form	Dean Young	04/30/2008	04/30/2008
Rates	Rate	Dean Young	04/30/2008	04/30/2008
Health - Actuarial Justification	Supporting Document	Dean Young	04/30/2008	04/30/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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Product Name: 07130
Project Name/Number: 07130/07130

Disposition

Disposition Date: 06/05/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: 07130
 Project Name/Number: 07130/07130

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form (revised)	Cancer Only Policy	Approved-Closed	Yes
Form	Cancer Only Policy	Withdrawn	No
Form (revised)	Cancer Only Outline	Approved-Closed	Yes
Form	Cancer Only Outline	Withdrawn	No
Form	Cancer Only Application	Approved-Closed	Yes
Rate (revised)	Rates	Approved-Closed	No
Rate	Rates	Withdrawn	No
Rate	Actuarial Memorandum	Approved-Closed	No

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Product Name: 07130
Project Name/Number: 07130/07130

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/07/2008
Submitted Date 02/07/2008

Respond By Date

Dear Brian Hull,

This will acknowledge receipt of the captioned filing.

Objection 1

- Outline of Coverage (Supporting Document)
- Cancer Only Policy (Form)

Comment: The policy, outline of coverage and Actuarial Memo states that the policy is Guaranteed Renewable to Age 70. Our Rule 18, APPENDIX 1A(4) states that..."Policies containing specified disease coverage shall be at least Guaranteed Renewable...".

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/04/2008
Submitted Date 03/04/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Ms. Minor:

In response to your objection letter dated 02/07/08, we want to thank you for your attention with respect to this filing.

SERFF Tracking Number: AMGN-125323102 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 38079
Company Tracking Number: 07130
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: 07130
Project Name/Number: 07130/07130

Based on our recent telephone conversation, you had requested that we modify the reference to "Guaranteed Renewable to age 70" on the cover page of the policy to state just "Guaranteed Renewable". You cited your Rule 18, APPENDIX 1 A (4) which states that "policies containing specified disease coverage shall be at least Guaranteed Renewable".

We respectfully request that you reconsider the request for the following reason.

Rule and Regulation 18 s A. (3) states the the term "guaranteed renewable" may be used only in a Policy which the insured has the right to continue [the policy] in force by the timely payment of premiums set forth in the Policy until the age of sixty-five (65) during which time the insurer has no right to make unilaterally any change in any provision of the policy while the policy is in force".

We believe that our policy meets this requirement and is, in fact, more favorable to the insured than the Rule requires. Again, your consideration with respect to this filing is appreciated.

Dean Young
(713)831-2281

Related Objection 1

Applies To:

- Outline of Coverage (Supporting Document)
- Cancer Only Policy (Form)

Comment:

The policy, outline of coverage and Actuarial Memo states that the policy is Guaranteed Renewable to Age 70. Our Rule 18, APPENDIX 1A(4) states that..."Policies containing specified disease coverage shall be at least Guaranteed Renewable...".

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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 Product Name: 07130
 Project Name/Number: 07130/07130

Amendment Letter

Amendment Date:
 Submitted Date: 06/05/2008

Comments:

Ms. Minor:

I hope the attached memorandum is OK. If you have any problems, please call me to 713-831-2281.

Dean Young

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Actuarial Memorandum ActuarialMemo.PDF	07130-04	New		ActuarialMemo.PDF

SERFF Tracking Number: AMGN-125323102 State: Arkansas
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 Product Name: 07130
 Project Name/Number: 07130/07130

Amendment Letter

Amendment Date:
 Submitted Date: 04/30/2008

Comments:

Ms. Minor"

In response to your Febraury 7th objection letter, we are resubmitting the policy form, outline of coverage, actuarial memorandum and rartes.

Thank you for your patience.

Sincerely,

Dean Young
 (713) 831-2281

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
07130-04	Policy/Contr act/Fraternal Certificate	Cancer Only	Revised				50	07130_AIG_WOMANWISE_AR.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
07130-OLC-04	Outline of Coverage	Cancer Only Outline	Revised				50	07130-OLC-04.pdf

Rate/Rule Schedule Item Changes:

Document	Affected Form	Rate	Rate Action Information:	Attach
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 Project Name/Number: 07130/07130

Name:	Numbers: (Comma Separated list)	Action:	Previous State Filing Number:	Document:
Rates	07130-04	Revised		Rates.PDF
Rates.PDF				

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Product Name: 07130
Project Name/Number: 07130/07130

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment: Here is the actuarial memorandum.

Actuarial.Memo.PDF

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Product Name: 07130
Project Name/Number: 07130/07130

Note To Reviewer

Created By:

Dean Young on 04/23/2008 01:51 PM

Subject:

07130

Comments:

Ms. Minor:

I have been waiting for the actuaries to address the non-level guaranteed renewable premium issue. I have been informed that I should have it by early next week.

I am sorry that it has taken so long. Believe me, I have been asking and asking about when I would get the premiums. Just in case there will be any further delay, I will than request an extension.

Thank you.

Sincerely,

Dean Young
(713)831-2281

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Product Name: 07130
Project Name/Number: 07130/07130

Note To Filer

Created By:

Rosalind Minor on 03/13/2008 10:37 AM

Subject:

Non-level guaranteed renewable premiums

Comments:

Please attach the non-level guaranteed renewable premiums for my review.

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Product Name: 07130
Project Name/Number: 07130/07130

Note To Reviewer

Created By:

Dean Young on 03/10/2008 08:53 AM

Subject:

07130

Comments:

Ms. Minor:

With the request that the product be guaranteed renewable, is it permissible for us to file non-level guaranteed renewable premiums?

Sincerely,

Dean Young
(713) 831-2281

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Filing Company: American General Life Insurance Company State Tracking Number: 38079
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Product Name: 07130
Project Name/Number: 07130/07130

Note To Filer

Created By:

Rosalind Minor on 03/04/2008 03:09 PM

Subject:

Your March 4th response to my objection letter -

Comments:

I appreciate your comments to the objection letter with respect to the policy being "Guaranteed Renewable to Age 70.

I have spoken with Mr. Dan Honey, Deputy Commissioner of Life and Health Division. The Appendix to Rule 18 are those guidelines specifically for Specified Disease. When reviewing a Specified Disease policy, we use the General Rules which include that the coverage shall be at least Guaranteed Renewable.

It is requested that you remove the language...."to Age 70".

If you wish to wishdraw the filing, please let me know.

We appreciate your understanding and cooperation in this matter.

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 Project Name/Number: 07130/07130

Form Schedule

Lead Form Number: 07130

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	07130-04	Policy/Contract/Fraternal Certificate	Cancer Only Policy	Revised	Replaced Form #: Previous Filing #:	50	07130_AIG_WOMANWISE_AR.pdf
Approved-Closed	07130-OLC-04	Outline of Coverage	Cancer Only Outline	Revised	Replaced Form #: Previous Filing #:	50	07130-OLC-04.pdf
Approved-Closed	AGLC1027-37-AR	Application/Enrollment Form	Cancer Only Application	Initial		50	AGLC102737-AR.pdf

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

**GUARANTEED RENEWABLE SUBJECT TO CHANGE IN PREMIUM BY CLASS.
BENEFITS FOR CERTAIN CHARGES FOR TREATMENT OF CANCER,
AS DEFINED AND LIMITED IN THIS POLICY.
NONPARTICIPATING**

THE COMPANY AGREES TO PAY the benefits described in this Policy, subject to its provisions, exclusions and limitations.

WE, OUR, COMPANY or US refers to American General Life Insurance Company.

YOU or YOUR refers to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

INSURED refers to the person named as "Insured" in the Policy Data.

GUARANTEED RENEWABLE - SUBJECT TO CHANGE IN PREMIUMS BY CLASS. You may continue this Policy, subject to the Policy's Termination provision, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on Your Age on the Effective Date of this Policy. No change in premiums will be effective until 40 days after We deliver to You, or mail to Your last known address, a written notice of change.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. As with any other contract, You should **READ THIS CONTRACT CAREFULLY.**

TEN DAYS TO EXAMINE POLICY. You may return this Policy within 10 days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the beginning and any premium paid will be refunded.

**CAUTION: THIS IS A LIMITED BENEFIT POLICY...PLEASE READ IT CAREFULLY WITH
THE OUTLINE OF COVERAGE**

Insured - [Jane Doe]

Policy Number - [000000000]

Signed at Our Home Office at 2727-A Allen Parkway, Houston, Texas 77019.



Secretary



President

**THIS IS A LIMITED BENEFIT POLICY FOR CANCER ONLY, AS DEFINED IN THIS POLICY,
AND DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.
PLEASE READ YOUR POLICY CAREFULLY - IT CONTAINS WAITING PERIODS,
EXCLUSIONS AND A PREEXISTING CONDITION LIMITATION.**

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POLICY DATA

Insured	[Jane Doe]	Policy Number	[123456789]
Gender	[Female]	Effective Date	[November 1, 2007]
Premium Period	[Annual]	Age at Effective Date	[35]

PREMIUMS

Benefits	Benefit Amounts	Annual Premium
Base Policy	[\$00.00]	[\$00.00]
Total Annual Premium		[\$00.00]

Premiums payable other than annually are equal to a percentage of the annual premium. The first [ANNUAL] premium is [\$00.00].

This Is A(n) [State Name] Policy.

SCHEDULE OF BENEFITS

First Diagnosis Benefit	[\$6,000.00 - \$12,000.00]
Monthly Income Benefit	[\$500.00 - \$1,000.00] per Month 12 consecutive Months maximum
Hospital Confinement Benefit	[\$100.00 - \$200.00] per day within 2 years of initial diagnosis 100 days maximum
Surgical Benefit	[\$3,000.00 - \$6,000.00] for a Surgery within 2 years of initial diagnosis 1 Surgery maximum
Health Screening Tests Benefit	\$50.00 per year

This Policy has a 30 day Waiting Period, except for the Health Screening Tests Benefit, as defined in the Definitions provision.

DEFINITIONS

AGE means Age last birthday.

COVERED CANCER means cancer of the following: breast, fallopian tubes, cervix, ovaries, uterus, vagina or vulva which are:

- (a) first manifested while this Policy is in force; and
- (b) first manifested after the Waiting Period; and
- (c) definitively diagnosed by a Physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured's medical records.

Covered Cancer does NOT mean precancerous conditions, leukoplakia, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, any benign neoplasm, or any malignancy in the presence of Human Immunodeficiency Virus (HIV). It does not mean the discovery of abnormal cells in the cervix unless they were malignant, or of any skin cancers.

HOSPITAL means an institution that:

- (a) is operated pursuant to law and is licensed as a Hospital by the responsible state agency; and
- (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and
- (c) provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.'s).

It does NOT mean or include:

- (a) convalescent, assisted living, extended care, hospice, rest or nursing facilities; or
- (b) facilities primarily affording custodial, educational or rehabilitative care; or
- (c) facilities primarily for the aged or substance abusers.

HOSPITAL CONFINEMENT/CONFINED means an Insured confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and medically necessary as a result of a Covered Cancer.

MONTH means calendar month.

PHYSICIAN means a person who:

- (a) is a legally qualified practitioner of the healing arts licensed in the United States or its territories; and

- (b) practices within the scope of his or her license; and
- (c) is not the Insured; and
- (d) is not related to the Insured as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured.

PREEXISTING CONDITION means:

- (a) the existence of a condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the 6 month period before the date coverage on the Insured becomes effective under this Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician or received from a Physician within the 6 month period before the date coverage on the Insured becomes effective under this Policy.

SURGERY means a surgical procedure which is recommended and performed by a Physician in relation to a Covered Cancer.

WAITING PERIOD means the 30 day period that begins on the Effective Date of the Policy. No benefits are payable for a Covered Cancer that is initially manifested or diagnosed before the end of this period.

BENEFITS

We will pay the following Benefits for diagnosis, service and treatment administered to or received by the Insured for a Covered Cancer, as defined in the Definitions provision, after the Waiting Period. Benefits are limited to the first diagnosed Covered Cancer and benefits will be payable for a period of 2 years following such diagnosis.

FIRST DIAGNOSIS BENEFIT

When the Insured is first diagnosed with a Covered Cancer, We will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the Insured.

MONTHLY INCOME BENEFIT

When the Insured is first diagnosed with a Covered Cancer for which a First Diagnosis Benefit is paid, We will pay the amount as specified in the Schedule of Benefits per Month for the number of consecutive Months as specified in the Schedule of Benefits or until the Insured's death if earlier. Once the Monthly Income Benefit has commenced, the Policy need not be in force for payments to continue.

HOSPITAL CONFINEMENT BENEFIT

When the Insured becomes Hospital Confined due to a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, We will pay the amount per day as specified in the Schedule of Benefits up to the maximum number of days payable as specified in the Schedule of Benefits.

SURGICAL BENEFIT

When the Insured has a Surgery related to the initial diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, We will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the Insured.

HEALTH SCREENING TESTS BENEFIT

Health screening tests are limited to Breast Ultrasound, Chest X-ray, Mammography and Pap test. If the Insured undergoes any of the health screening tests listed above, while covered by this Policy, We will pay up to the Health Screening Tests Benefit stated in the Schedule of Benefits.

RETURN OF PREMIUM

If the Insured has only filed claims for the Health Screening Tests Benefit during the 20 year period following the Effective Date of this Policy, We will return all premiums paid upon the Insured's surrender of the Policy, or upon death, whichever occurs first. Payments upon death will be made to the Insured's Beneficiary.

EXCLUSIONS

We will pay NO benefits:

- (a) for Covered Cancers manifested or diagnosed during the Waiting Period; or
- (b) if the Insured has previously been diagnosed with a Covered Cancer or with any other cancer prior to the Effective Date of this policy; or
- (c) if the Insured had an abnormal cervical smear or PAP test result within the last 2 years prior to the Effective Date of this Policy, no payment will be made until any subsequent test results have been normal for a period of 2 consecutive years.

We will pay NO Surgery Benefits if:

- (a) Your stay in the Hospital for Surgery is less than 48 consecutive hours unless the Surgery is for a lumpectomy, mastectomy or breast reconstruction; or
- (b) for diagnostic Surgery including biopsy or aspiration.

PREEXISTING CONDITION LIMITATION

We will pay NO benefits that are caused by a Preexisting Condition unless the Covered Cancer commences after this Policy has been in force for 6 months from the Effective Date or most recent reinstatement date. Preexisting Conditions are subject to the Incontestable provision.

PREMIUMS

This Policy is effective for an initial term of one Premium Period as stated in the Policy Data. It may be renewed by the timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office. You may request to change the Premium Period, subject to Our rules at the time of Your request.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of the Grace Period, Your Policy will lapse. The date of lapse will be the date on which the unpaid premium was due. ***Your Policy will terminate upon lapse and, except as otherwise provided, will provide NO further benefits.***

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

- (a) paying the required premium; and
- (b) submitting an application for reinstatement, if We so require.

If We accept the premium without requiring an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

The reinstated Policy will only cover losses resulting from a Covered Cancer first manifested or diagnosed more than 10 days after the date of reinstatement.

Subject to the Reinstatement and Incontestable provisions, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by Your Policy, except as otherwise provided, and after the stated time, You may be required to apply for a new Policy.

UNEARNED PREMIUM REFUND

If the Insured dies before the end of a Premium Period for which premium has been paid, We will refund to the Beneficiary the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible thereafter. You may provide notice of loss at Our Home Office. Your notice should include Your name and Policy Number as shown in the Policy Data.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If the forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss within 90 days from the date of loss. If it is not reasonably possible for You to file a written proof of loss within the stated time, Your claim will not be affected if You file a written proof of loss as soon as possible. However, unless You are legally incapacitated, You must file a written proof of loss no later than 15 months from the date of loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits upon receipt of satisfactory proof of loss.

PAYMENT OF CLAIMS

We will pay all of the benefits provided by this Policy to You or to Your designated Beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a hospital or person that provided medical care or treatment.

We may pay any benefits provided by this Policy that become payable to Your estate, up to \$1,000, to any relative who We determine is entitled to payment. Such payment will discharge Our liability for that payment.

ASSIGNMENT

You may assign the benefits payable under 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 until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

UNPAID PREMIUMS

We will deduct any premium due from any benefits that become payable to You under this Policy.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense We may require:

- (a) a physical examination performed on the Insured as often as is reasonably necessary while a claim is pending; and
- (b) an autopsy performed after the Insured's death, if allowed by law.

LEGAL ACTIONS

No legal action may be brought to recover any benefits provided by this Policy until 60 days after the date written proof of loss was received. No action may be brought after 3 years from the date written proof must have been provided.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, riders, endorsements and the attached application and any application for reinstatement are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being complete and true to the best of the knowledge and belief of the person signing the application.

AGENT AUTHORITY

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

AGE

If an Insured's Age is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct Age on the Effective Date. If the correct Age is such that We would not have issued this Policy or an Insured's coverage under this Policy would have terminated, We will be liable only for a refund of any premiums paid for the period for which there was no coverage.

INCONTESTABLE

After this Policy has been in force for a period of 2 years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application, except for any fraudulent misrepresentation. After this Policy has been in force for a period of 2 years during the lifetime of the Insured following any reinstatement, it shall become incontestable as to the statements contained in any application for reinstatement, except for any fraudulent misrepresentation.

EFFECTIVE DATE

This Policy will take effect at 12:01 AM (Central Time) on the Effective Date as stated in the Policy Data and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the effective date is the approval date of Reinstatement as described in the Reinstatement provision.

TERMINATION

This Policy will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the date the Return of Premium Benefit is paid to the Insured; or
- (c) 2 years from the date of diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid;
or
- (d) any premium due date requested by You in writing to terminate this Policy; or
- (e) the end of the Grace Period following the due date for which a premium was not paid.

OWNER

The Insured is the Owner of this Policy unless later changed.

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

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

BENEFICIARY

The Beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each Beneficiary is classified as a Primary or Contingent Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated Beneficiary is living at the time of Your Death, We will pay:

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

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it 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 Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

MEDICAID ELIGIBILITY

Your current or future eligibility for Medicaid may affect the payments of benefits under this Policy. When Medicaid is involved, it is possible these benefits will not be paid directly to You because of state regulations which may require payment to the Medicaid organization or to the medical provider.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which conflicts with any laws of the state where You lived when this Policy was issued, is amended to conform to such laws.

NONPARTICIPATION

This Policy is nonparticipating. Premiums do not include a charge for participation in surplus.

TAX CONSEQUENCES

Benefits paid under this Policy may be taxable. If so, You may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

American General Life Insurance Company

2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

American General Life Insurance Company

**CANCER ONLY COVERAGE
OUTLINE OF COVERAGE**

Policy Form 07130-04

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

This is NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

CANCER ONLY COVERAGE

The policy you have applied for provides a limited benefit for diagnosis of a Covered Cancer as defined in Definitions. It does NOT provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

SCHEDULE OF BENEFITS

	BASIC PLAN	ENHANCED PLAN
FIRST DIAGNOSIS BENEFIT	[\$0,000.00]	[\$00,000.00]
MONTHLY INCOME BENEFIT	[\$000.00] per month 12 consecutive months maximum	[\$0,000.00] per month 12 consecutive months maximum
HOSPITAL CONFINEMENT BENEFIT	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum
SURGICAL BENEFIT	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum
HEALTH SCREENING TESTS BENEFIT	\$50.00 per year	\$50.00 per year

BENEFITS

We will pay the following benefits for diagnosis, service and treatment administered to or received by the insured for a Covered Cancer, as defined in the Definitions provision, after the Waiting Period. Benefits are limited to the first diagnosed Covered Cancer and benefits will be payable for a period of 2 years following such diagnosis.

FIRST DIAGNOSIS BENEFIT

When the insured is first diagnosed with a Covered Cancer, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

MONTHLY INCOME BENEFIT

When the insured is first diagnosed with a Covered Cancer for which a First Diagnosis Benefit is paid, we will pay the amount as specified in the Schedule of Benefits per month for the number of consecutive months as specified in the Schedule of Benefits or until the insured's death if earlier. Once the Monthly Income Benefit has commenced, the policy need not be in force for payments to continue.

HOSPITAL CONFINEMENT BENEFIT

When the insured becomes Hospital Confined due to a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount per day as specified in the Schedule of Benefits up to the maximum number of days payable as specified in the Schedule of Benefits.

SURGICAL BENEFIT

When the insured has a surgery related to the initial diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

HEALTH SCREENING TESTS BENEFIT

Health screening tests are limited to Breast Ultrasound, Chest X-ray, Mammography and Pap test. If the insured undergoes any of the health screening tests listed above, while covered by the policy, we will pay up to the Health Screening Tests Benefit stated in the Schedule of Benefits.

RETURN OF PREMIUM

If the insured has only filed claims for the Health Screening Tests Benefit during the 20 year period following the effective date of the policy, we will return all premiums paid upon the insured's surrender of the policy, when the insured attains age 70 or upon death, whichever occurs first.

WAITING PERIOD

The policy has a 30 day Waiting Period, except for the Health Screening Tests Benefit. Waiting Period means the 30 day period that begins on the effective date of the policy. No benefits are payable for a Covered Cancer that is initially manifested or diagnosed before the end of this period.

EXCLUSIONS

We will pay NO benefits:

- a) for Covered Cancers manifested or diagnosed during the Waiting Period; or
- b) if the insured has previously been diagnosed with a Covered Cancer or with any other cancer prior to the effective date of the policy; or
- c) if the insured had an abnormal cervical smear or PAP test result within the last 2 years prior to the effective date of the policy, no payment will be made until any subsequent test results have been normal for a period of 2 consecutive years.

We will pay NO Surgery Benefits if:

- a) Your stay in the hospital for surgery is less than 48 consecutive hours unless the surgery is for a lumpectomy, mastectomy or breast reconstruction; or
- b) for diagnostic surgery including biopsy or aspiration.

PREEXISTING CONDITION LIMITATION

We will pay NO benefits that are caused by a Preexisting Condition unless the Covered Cancer commences after the policy has been in force for 6 months from the effective date or most recent reinstatement date.

DEFINITIONS

Covered Cancer means cancer of the following: breast, fallopian tubes, cervix, ovaries, uterus, vagina or vulva which are:

- a) first manifested while the policy is in force; and
- b) first manifested after the Waiting Period; and
- c) definitively diagnosed by a physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the insured's medical records.

Covered Cancer does NOT mean precancerous conditions, leukoplakia, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, any benign neoplasm, or any malignancy in the presence of Human Immunodeficiency Virus (HIV). It does not mean the discovery of abnormal cells in the cervix unless they were malignant, or of any skin cancers.

Hospital Confinement/Confined means an insured confined to a bed in a hospital for which a room charge is made. The Hospital Confinement must be on the advice of a physician and medically necessary as a result of a Covered Cancer.

Preexisting Condition means:

- (a) the existence of a condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the 6-month period before the date coverage on the insured becomes effective under the policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a physician or received from a physician within the 6-month period before the date coverage on the insured becomes effective under the policy.

TERMINATION

The policy will terminate on the earlier of:

- a) the date on which the policy lapses or terminates; or
- b) the date the Return of Premium Benefit is paid to the insured; or
- c) 2 years from the date of diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid; or
- d) any premium due date requested by you in writing to terminate the policy; or
- e) the end of the grace period following the due date for which a premium was not paid.

GUARANTEED RENEWABLE – SUBJECT TO CHANGE IN PREMIUMS BY CLASS

Your policy may be continued subject to the Termination provision, by payment of the required premiums when they are due. While the policy is in force, we will not add any restrictive riders or endorsements. We can change the premiums for the policy. Any premium change will be on a class basis only, as we determine, and will be based on your age on the effective date of the policy.

Premium Summary

Premiums: Payable _____
(mode)

Total Premium \$ _____

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.



American General Insurance Company
A Member Company of American International Group, Inc

2727-A Allen Parkway
Houston, TX 77019

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The underwriting risks- financial obligations and support functions associated with the products issued by American General Life Insurance Company are solely its responsibility. American General Life Insurance Company is responsible for its own financial condition and contractual obligations.



American General Life Insurance Company

A member company of American International Group, Inc.
2727-A Allen Parkway • Houston, Texas 77019

Personal information

Choose which Plan of coverage you prefer (Select one option only):

Your current age	Monthly Cost	
	Enhanced Plan [\$50,000] total coverage	Basic Plan [\$25,000] total coverage
[18-25]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[26-30]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[31-35]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[36-40]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[41-45]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[46-50]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[51-55]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]

Do you have any existing accident or health insurance that you intend to replace with this coverage? Yes No

Declaration

I declare that: I am between the ages of 18 and 55, I have not previously been declined for cancer coverage, and I have never been diagnosed with any type of cancer.

I understand that my coverage becomes effective the day American General Life Insurance Company receives my completed Application and initial premium. I understand that if I am a Medicaid recipient, any plan benefits paid may reduce any Medicaid benefits otherwise payable.

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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Insured's Signature

Today's Date

SERFF Tracking Number: AMGN-125323102 State: Arkansas
 Filing Company: American General Life Insurance Company State Tracking Number: 38079
 Company Tracking Number: 07130
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 07130
 Project Name/Number: 07130/07130

Supporting Document Schedules

<p> Satisfied -Name: Certification/Notice Comments: Attachments: Certification of Compliance.pdf AR Flesch Certification.pdf </p>	<p> Review Status: Approved-Closed 06/05/2008 </p>
<p> Satisfied -Name: Application Comments: Attachment: AGLC102737-AR.pdf </p>	<p> Review Status: Approved-Closed 06/05/2008 </p>
<p> Satisfied -Name: Outline of Coverage Comments: Attachment: 07130-OLC-04.pdf </p>	<p> Review Status: Approved-Closed 06/05/2008 </p>
<p> Satisfied -Name: Cover Letter Comments: Attachment: Cover Letter.pdf </p>	<p> Review Status: Approved-Closed 06/05/2008 </p>

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: AMERICAN GENERAL LIFE INSURANCE COMPANY

Form Number(s): 07130-04, 07130-OLC-04, AGLC102737-AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

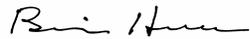
DEC 26 2007

Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Form No(s). 07130-04, 07130-OLC-04 and AGLC102737-AR have(has) achieved Flesch Reading Score(s) of 50.2, 50.1 and 50.5 and comply(ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Brian Hull, AIRC
Compliance Analyst



American General Life Insurance Company

A member company of American International Group, Inc.
2727-A Allen Parkway • Houston, Texas 77019

Personal information

Choose which Plan of coverage you prefer (Select one option only):

Your current age	Monthly Cost	
	Enhanced Plan [\$50,000] total coverage	Basic Plan [\$25,000] total coverage
[18-25]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[26-30]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[31-35]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[36-40]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[41-45]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[46-50]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]
[51-55]	<input type="checkbox"/> \$[0.00]	<input type="checkbox"/> \$[0.00]

Do you have any existing accident or health insurance that you intend to replace with this coverage? Yes No

Declaration

I declare that: I am between the ages of 18 and 55, I have not previously been declined for cancer coverage, and I have never been diagnosed with any type of cancer.

I understand that my coverage becomes effective the day American General Life Insurance Company receives my completed Application and initial premium. I understand that if I am a Medicaid recipient, any plan benefits paid may reduce any Medicaid benefits otherwise payable.

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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Insured's Signature

Today's Date

American General Life Insurance Company

**CANCER ONLY COVERAGE
OUTLINE OF COVERAGE**

Policy Form 07130-04

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

This is NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

CANCER ONLY COVERAGE

The policy you have applied for provides a limited benefit for diagnosis of a Covered Cancer as defined in Definitions. It does NOT provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

SCHEDULE OF BENEFITS

	BASIC PLAN	ENHANCED PLAN
FIRST DIAGNOSIS BENEFIT	[\$0,000.00]	[\$00,000.00]
MONTHLY INCOME BENEFIT	[\$000.00] per month 12 consecutive months maximum	[\$0,000.00] per month 12 consecutive months maximum
HOSPITAL CONFINEMENT BENEFIT	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum
SURGICAL BENEFIT	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum
HEALTH SCREENING TESTS BENEFIT	\$50.00 per year	\$50.00 per year

BENEFITS

We will pay the following benefits for diagnosis, service and treatment administered to or received by the insured for a Covered Cancer, as defined in the Definitions provision, after the Waiting Period. Benefits are limited to the first diagnosed Covered Cancer and benefits will be payable for a period of 2 years following such diagnosis.

FIRST DIAGNOSIS BENEFIT

When the insured is first diagnosed with a Covered Cancer, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

MONTHLY INCOME BENEFIT

When the insured is first diagnosed with a Covered Cancer for which a First Diagnosis Benefit is paid, we will pay the amount as specified in the Schedule of Benefits per month for the number of consecutive months as specified in the Schedule of Benefits or until the insured's death if earlier. Once the Monthly Income Benefit has commenced, the policy need not be in force for payments to continue.

HOSPITAL CONFINEMENT BENEFIT

When the insured becomes Hospital Confined due to a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount per day as specified in the Schedule of Benefits up to the maximum number of days payable as specified in the Schedule of Benefits.

SURGICAL BENEFIT

When the insured has a surgery related to the initial diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

HEALTH SCREENING TESTS BENEFIT

Health screening tests are limited to Breast Ultrasound, Chest X-ray, Mammography and Pap test. If the insured undergoes any of the health screening tests listed above, while covered by the policy, we will pay up to the Health Screening Tests Benefit stated in the Schedule of Benefits.

RETURN OF PREMIUM

If the insured has only filed claims for the Health Screening Tests Benefit during the 20 year period following the effective date of the policy, we will return all premiums paid upon the insured's surrender of the policy, when the insured attains age 70 or upon death, whichever occurs first.

WAITING PERIOD

The policy has a 30 day Waiting Period, except for the Health Screening Tests Benefit. Waiting Period means the 30 day period that begins on the effective date of the policy. No benefits are payable for a Covered Cancer that is initially manifested or diagnosed before the end of this period.

EXCLUSIONS

We will pay NO benefits:

- a) for Covered Cancers manifested or diagnosed during the Waiting Period; or
- b) if the insured has previously been diagnosed with a Covered Cancer or with any other cancer prior to the effective date of the policy; or
- c) if the insured had an abnormal cervical smear or PAP test result within the last 2 years prior to the effective date of the policy, no payment will be made until any subsequent test results have been normal for a period of 2 consecutive years.

We will pay NO Surgery Benefits if:

- a) Your stay in the hospital for surgery is less than 48 consecutive hours unless the surgery is for a lumpectomy, mastectomy or breast reconstruction; or
- b) for diagnostic surgery including biopsy or aspiration.

PREEXISTING CONDITION LIMITATION

We will pay NO benefits that are caused by a Preexisting Condition unless the Covered Cancer commences after the policy has been in force for 6 months from the effective date or most recent reinstatement date.

DEFINITIONS

Covered Cancer means cancer of the following: breast, fallopian tubes, cervix, ovaries, uterus, vagina or vulva which are:

- a) first manifested while the policy is in force; and
- b) first manifested after the Waiting Period; and
- c) definitively diagnosed by a physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the insured's medical records.

Covered Cancer does NOT mean precancerous conditions, leukoplakia, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, any benign neoplasm, or any malignancy in the presence of Human Immunodeficiency Virus (HIV). It does not mean the discovery of abnormal cells in the cervix unless they were malignant, or of any skin cancers.

Hospital Confinement/Confined means an insured confined to a bed in a hospital for which a room charge is made. The Hospital Confinement must be on the advice of a physician and medically necessary as a result of a Covered Cancer.

Preexisting Condition means:

- (a) the existence of a condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the 6-month period before the date coverage on the insured becomes effective under the policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a physician or received from a physician within the 6-month period before the date coverage on the insured becomes effective under the policy.

TERMINATION

The policy will terminate on the earlier of:

- a) the date on which the policy lapses or terminates; or
- b) the next policy anniversary date following the insured's attainment of age 70; or
- c) the date the Return of Premium Benefit is paid to the insured; or
- d) 2 years from the date of diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid; or
- e) any premium due date requested by you in writing to terminate the policy; or
- f) the end of the grace period following the due date for which a premium was not paid.

GUARANTEED RENEWABLE TO AGE 70 – SUBJECT TO CHANGE IN PREMIUMS BY CLASS

Your policy may be continued until the policy anniversary on or following your 70th birthday, subject to the Termination provision, by payment of the required premiums when they are due. While the policy is in force, we will not add any restrictive riders or endorsements. We can change the premiums for the policy. Any premium change will be on a class basis only, as we determine, and will be based on your age on the effective date of the policy.

Premium Summary

Premiums: Payable _____
(mode)
Total Premium \$ _____

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.



<p>American General Insurance Company <i>A Member Company of American International Group, Inc</i></p> <p>2727-A Allen Parkway Houston, TX 77019</p> <p>C2004 American International Group. Inc. All rights reserved.</p>	<p><i>The underwriting risks- financial obligations and support functions associated with the products issued by American General Life Insurance Company are solely its responsibility. American General Life Insurance Company is responsible for its own financial condition and contractual obligations.</i></p>
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February 5, 2008

Arkansas Insurance Department
Life & Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: **NEW FORM FILING**
AMERICAN GENERAL LIFE INSURANCE COMPANY
NAIC # 012-60488 FEIN # 25-0598 210

<u>Forms</u>	<u>Description</u>
07130-04	Policy
07130-OLC-04	Outline of Coverage
AGLC102737-AR	Application

Dear Sir or Madam:

The above captioned forms are being submitted for your consideration and approval. They do not replace any forms previously approved by your department. The forms are concurrently being filed in our domiciliary state of Texas.

Form 07130-04 is a cancer policy providing coverage for specified types of cancer which typically would only occur in females. The form will be sold to individual insurance consumers by direct marketing.

In addition to the forms captioned above, an Actuarial Memorandum with Rates is included with this filing.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and the type font, size (10 point minimum) and color.

Should you have any questions, please feel free to call me at (800) 247-8837 ext. 2219.

Sincerely,

Brian Hull, AIRC
Compliance Analyst
Product Development

SERFF Tracking Number: AMGN-125323102 State: Arkansas
 Filing Company: American General Life Insurance Company State Tracking Number: 38079
 Company Tracking Number: 07130
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 07130
 Project Name/Number: 07130/07130

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Cancer Only Policy	10/17/2007	07130-04.pdf
No original date	Form	Cancer Only Outline	10/17/2007	07130-OLC-04.pdf

American General Life Insurance Company

Home Office: 2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

**GUARANTEED RENEWABLE TO AGE 70, SUBJECT TO CHANGE IN PREMIUM BY CLASS.
BENEFITS FOR CERTAIN CHARGES FOR TREATMENT OF CANCER,
AS DEFINED AND LIMITED IN THIS POLICY.
NONPARTICIPATING**

THE COMPANY AGREES TO PAY the benefits described in this Policy, subject to its provisions, exclusions and limitations.

WE, OUR, COMPANY or US refers to American General Life Insurance Company.

YOU or YOUR refers to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

INSURED refers to the person named as "Insured" in the Policy Data.

GUARANTEED RENEWABLE TO AGE 70 - SUBJECT TO CHANGE IN PREMIUMS BY CLASS. You may continue this Policy until the Policy anniversary on or following Your 70th birthday, subject to the Policy's Termination provision, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on Your Age on the Effective Date of this Policy. No change in premiums will be effective until 40 days after We deliver to You, or mail to Your last known address, a written notice of change.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. As with any other contract, You should **READ THIS CONTRACT CAREFULLY.**

TEN DAYS TO EXAMINE POLICY. You may return this Policy within 10 days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the beginning and any premium paid will be refunded.

**CAUTION: THIS IS A LIMITED BENEFIT POLICY...PLEASE READ IT CAREFULLY WITH
THE OUTLINE OF COVERAGE**

Insured - [Jane Doe]

Policy Number - [000000000]

Signed at Our Home Office at 2727-A Allen Parkway, Houston, Texas 77019.



Secretary



President

**THIS IS A LIMITED BENEFIT POLICY FOR CANCER ONLY, AS DEFINED IN THIS POLICY,
AND DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.
PLEASE READ YOUR POLICY CAREFULLY - IT CONTAINS WAITING PERIODS,
EXCLUSIONS AND A PREEXISTING CONDITION LIMITATION.**

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POLICY DATA

Insured	[Jane Doe]	Policy Number	[123456789]
Gender	[Female]	Effective Date	[November 1, 2007]
Premium Period	[Annual]	Age at Effective Date	[35]

PREMIUMS

Benefits	Benefit Amounts	Annual Premium
Base Policy	[\$00.00]	[\$00.00]
Total Annual Premium		[\$00.00]

Premiums payable other than annually are equal to a percentage of the annual premium. The first [ANNUAL] premium is [\$00.00].

This Is A(n) [State Name] Policy.

SCHEDULE OF BENEFITS

First Diagnosis Benefit	[\$6,000.00 - \$12,000.00]
Monthly Income Benefit	[\$500.00 - \$1,000.00] per Month 12 consecutive Months maximum
Hospital Confinement Benefit	[\$100.00 - \$200.00] per day within 2 years of initial diagnosis 100 days maximum
Surgical Benefit	[\$3,000.00 - \$6,000.00] for a Surgery within 2 years of initial diagnosis 1 Surgery maximum
Health Screening Tests Benefit	\$50.00 per year

This Policy has a 30 day Waiting Period, except for the Health Screening Tests Benefit, as defined in the Definitions provision.

DEFINITIONS

AGE means Age last birthday.

COVERED CANCER means cancer of the following: breast, fallopian tubes, cervix, ovaries, uterus, vagina or vulva which are:

- (a) first manifested while this Policy is in force; and
- (b) first manifested after the Waiting Period; and
- (c) definitively diagnosed by a Physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the Insured's medical records.

Covered Cancer does NOT mean precancerous conditions, leukoplakia, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, any benign neoplasm, or any malignancy in the presence of Human Immunodeficiency Virus (HIV). It does not mean the discovery of abnormal cells in the cervix unless they were malignant, or of any skin cancers.

HOSPITAL means an institution that:

- (a) is operated pursuant to law and is licensed as a Hospital by the responsible state agency; and
- (b) is primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the Hospital on a prearranged basis and under the supervision of a staff of duly licensed Physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and
- (c) provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.'s).

It does NOT mean or include:

- (a) convalescent, assisted living, extended care, hospice, rest or nursing facilities; or
- (b) facilities primarily affording custodial, educational or rehabilitative care; or
- (c) facilities primarily for the aged or substance abusers.

HOSPITAL CONFINEMENT/CONFINED means an Insured confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and medically necessary as a result of a Covered Cancer.

MONTH means calendar month.

PHYSICIAN means a person who:

- (a) is a legally qualified practitioner of the healing arts licensed in the United States or its territories; and

- (b) practices within the scope of his or her license; and
- (c) is not the Insured; and
- (d) is not related to the Insured as a spouse, parent, child or sibling; and
- (e) does not customarily reside in the same household as the Insured.

PREEXISTING CONDITION means:

- (a) the existence of a condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the 6 month period before the date coverage on the Insured becomes effective under this Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician or received from a Physician within the 6 month period before the date coverage on the Insured becomes effective under this Policy.

SURGERY means a surgical procedure which is recommended and performed by a Physician in relation to a Covered Cancer.

WAITING PERIOD means the 30 day period that begins on the Effective Date of the Policy. No benefits are payable for a Covered Cancer that is initially manifested or diagnosed before the end of this period.

BENEFITS

We will pay the following Benefits for diagnosis, service and treatment administered to or received by the Insured for a Covered Cancer, as defined in the Definitions provision, after the Waiting Period. Benefits are limited to the first diagnosed Covered Cancer and benefits will be payable for a period of 2 years following such diagnosis.

FIRST DIAGNOSIS BENEFIT

When the Insured is first diagnosed with a Covered Cancer, We will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the Insured.

MONTHLY INCOME BENEFIT

When the Insured is first diagnosed with a Covered Cancer for which a First Diagnosis Benefit is paid, We will pay the amount as specified in the Schedule of Benefits per Month for the number of consecutive Months as specified in the Schedule of Benefits or until the Insured's death if earlier. Once the Monthly Income Benefit has commenced, the Policy need not be in force for payments to continue.

HOSPITAL CONFINEMENT BENEFIT

When the Insured becomes Hospital Confined due to a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, We will pay the amount per day as specified in the Schedule of Benefits up to the maximum number of days payable as specified in the Schedule of Benefits.

SURGICAL BENEFIT

When the Insured has a Surgery related to the initial diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, We will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the Insured.

HEALTH SCREENING TESTS BENEFIT

Health screening tests are limited to Breast Ultrasound, Chest X-ray, Mammography and Pap test. If the Insured undergoes any of the health screening tests listed above, while covered by this Policy, We will pay up to the Health Screening Tests Benefit stated in the Schedule of Benefits.

RETURN OF PREMIUM

If the Insured has only filed claims for the Health Screening Tests Benefit during the 20 year period following the Effective Date of this Policy, We will return all premiums paid upon the Insured's surrender of the Policy, when the Insured attains Age 70 or upon death, whichever occurs first. Payments upon death will be made to the Insured's Beneficiary.

EXCLUSIONS

We will pay NO benefits:

- (a) for Covered Cancers manifested or diagnosed during the Waiting Period; or
- (b) if the Insured has previously been diagnosed with a Covered Cancer or with any other cancer prior to the Effective Date of this policy; or
- (c) if the Insured had an abnormal cervical smear or PAP test result within the last 2 years prior to the Effective Date of this Policy, no payment will be made until any subsequent test results have been normal for a period of 2 consecutive years.

We will pay NO Surgery Benefits if:

- (a) Your stay in the Hospital for Surgery is less than 48 consecutive hours unless the Surgery is for a lumpectomy, mastectomy or breast reconstruction; or
- (b) for diagnostic Surgery including biopsy or aspiration.

PREEXISTING CONDITION LIMITATION

We will pay NO benefits that are caused by a Preexisting Condition unless the Covered Cancer commences after this Policy has been in force for 6 months from the Effective Date or most recent reinstatement date. Preexisting Conditions are subject to the Incontestable provision.

PREMIUMS

This Policy is effective for an initial term of one Premium Period as stated in the Policy Data. It may be renewed by the timely payment of the renewal premium. The first premium is due on or before the Effective Date. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office. You may request to change the Premium Period, subject to Our rules at the time of Your request.

GRACE PERIOD

If a premium, other than the first, is not paid by its due date, Your Policy will remain in force for a period of 31 days from the premium due date.

LAPSE

If any premium is not paid before the end of the Grace Period, Your Policy will lapse. The date of lapse will be the date on which the unpaid premium was due. ***Your Policy will terminate upon lapse and, except as otherwise provided, will provide NO further benefits.***

REINSTATEMENT

If Your Policy lapses, You may apply to reinstate it by:

- (a) paying the required premium; and
- (b) submitting an application for reinstatement, if We so require.

If We accept the premium without requiring an application, this Policy will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

The reinstated Policy will only cover losses resulting from a Covered Cancer first manifested or diagnosed more than 10 days after the date of reinstatement.

Subject to the Reinstatement and Incontestable provisions, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

If You do not request a reinstatement within 60 days from the date any unpaid premium was due, no further benefits will be provided by Your Policy, except as otherwise provided, and after the stated time, You may be required to apply for a new Policy.

UNEARNED PREMIUM REFUND

If the Insured dies before the end of a Premium Period for which premium has been paid, We will refund to the Beneficiary the portion of premium that was applied to coverage for the decedent for the time period beyond the end of the Month in which death occurred.

CLAIMS

NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days from the date of loss or as soon as reasonably possible thereafter. You may provide notice of loss at Our Home Office. Your notice should include Your name and Policy Number as shown in the Policy Data.

CLAIM FORMS

When We receive Your notice of loss, We will send You the forms required to file a claim. If the forms are not sent within 15 days, You will have met the proof of loss requirements if You have provided to Us a written statement of the nature and extent of Your loss within the time allowed for filing a proof of loss.

PROOF OF LOSS

You must provide to Us, at Your expense, written proof of loss within 90 days from the date of loss. If it is not reasonably possible for You to file a written proof of loss within the stated time, Your claim will not be affected if You file a written proof of loss as soon as possible. However, unless You are legally incapacitated, You must file a written proof of loss no later than 15 months from the date of loss.

TIME OF PAYMENT OF CLAIMS

We will pay benefits upon receipt of satisfactory proof of loss.

PAYMENT OF CLAIMS

We will pay all of the benefits provided by this Policy to You or to Your designated Beneficiary in the event of Your death, unless You have assigned the benefits. If You have requested an assignment of benefits in writing, either before or with Your written proof of loss, We can pay all or part of any benefit to a hospital or person that provided medical care or treatment.

We may pay any benefits provided by this Policy that become payable to Your estate, up to \$1,000, to any relative who We determine is entitled to payment. Such payment will discharge Our liability for that payment.

ASSIGNMENT

You may assign the benefits payable under 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 until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment or payment made without notice of a prior assignment.

UNPAID PREMIUMS

We will deduct any premium due from any benefits that become payable to You under this Policy.

PHYSICAL EXAMINATION AND AUTOPSY

At Our expense We may require:

- (a) a physical examination performed on the Insured as often as is reasonably necessary while a claim is pending; and
- (b) an autopsy performed after the Insured's death, if allowed by law.

LEGAL ACTIONS

No legal action may be brought to recover any benefits provided by this Policy until 60 days after the date written proof of loss was received. No action may be brought after 3 years from the date written proof must have been provided.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy, riders, endorsements and the attached application and any application for reinstatement are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being complete and true to the best of the knowledge and belief of the person signing the application.

AGENT AUTHORITY

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

AGE

If an Insured's Age is not correct as shown in this Policy, all benefits payable under this Policy will be such as the premium paid would have purchased at the correct Age on the Effective Date. If the correct Age is such that We would not have issued this Policy or an Insured's coverage under this Policy would have terminated, We will be liable only for a refund of any premiums paid for the period for which there was no coverage.

INCONTESTABLE

After this Policy has been in force for a period of 2 years during the lifetime of the Insured, it shall become incontestable as to the statements contained in the application, except for any fraudulent misrepresentation. After this Policy has been in force for a period of 2 years during the lifetime of the Insured following any reinstatement, it shall become incontestable as to the statements contained in any application for reinstatement, except for any fraudulent misrepresentation.

EFFECTIVE DATE

This Policy will take effect at 12:01 AM (Central Time) on the Effective Date as stated in the Policy Data and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the effective date is the approval date of Reinstatement as described in the Reinstatement provision.

TERMINATION

This Policy will terminate on the earlier of:

- (a) the date on which this Policy lapses or terminates; or
- (b) the next policy anniversary date following the Insured's attainment of Age 70; or
- (c) the date the Return of Premium Benefit is paid to the Insured; or
- (d) 2 years from the date of diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid;
or
- (e) any premium due date requested by You in writing to terminate this Policy; or
- (f) the end of the Grace Period following the due date for which a premium was not paid.

OWNER

The Insured is the Owner of this Policy unless later changed.

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

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

BENEFICIARY

The Beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each Beneficiary is classified as a Primary or Contingent Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated Beneficiary is living at the time of Your Death, We will pay:

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

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it 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 Your change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

MEDICAID ELIGIBILITY

Your current or future eligibility for Medicaid may affect the payments of benefits under this Policy. When Medicaid is involved, it is possible these benefits will not be paid directly to You because of state regulations which may require payment to the Medicaid organization or to the medical provider.

CONFORMITY WITH STATE STATUTES

Any provision of this Policy, which conflicts with any laws of the state where You lived when this Policy was issued, is amended to conform to such laws.

NONPARTICIPATION

This Policy is nonparticipating. Premiums do not include a charge for participation in surplus.

TAX CONSEQUENCES

Benefits paid under this Policy may be taxable. If so, You may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

American General Life Insurance Company

2727-A Allen Parkway, Houston, Texas 77019
(A STOCK COMPANY)
1-800-811-2696

American General Life Insurance Company

**CANCER ONLY COVERAGE
OUTLINE OF COVERAGE**

Policy Form 07130-04

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

This is NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

CANCER ONLY COVERAGE

The policy you have applied for provides a limited benefit for diagnosis of a Covered Cancer as defined in Definitions. It does NOT provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

SCHEDULE OF BENEFITS

	BASIC PLAN	ENHANCED PLAN
FIRST DIAGNOSIS BENEFIT	[\$0,000.00]	[\$00,000.00]
MONTHLY INCOME BENEFIT	[\$000.00] per month 12 consecutive months maximum	[\$0,000.00] per month 12 consecutive months maximum
HOSPITAL CONFINEMENT BENEFIT	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum	[\$000.00] per day within 2 years of initial diagnosis 100 days maximum
SURGICAL BENEFIT	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum	[\$0,000.00] for a surgery within 2 years of initial diagnosis 1 surgery maximum
HEALTH SCREENING TESTS BENEFIT	\$50.00 per year	\$50.00 per year

BENEFITS

We will pay the following benefits for diagnosis, service and treatment administered to or received by the insured for a Covered Cancer, as defined in the Definitions provision, after the Waiting Period. Benefits are limited to the first diagnosed Covered Cancer and benefits will be payable for a period of 2 years following such diagnosis.

FIRST DIAGNOSIS BENEFIT

When the insured is first diagnosed with a Covered Cancer, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

MONTHLY INCOME BENEFIT

When the insured is first diagnosed with a Covered Cancer for which a First Diagnosis Benefit is paid, we will pay the amount as specified in the Schedule of Benefits per month for the number of consecutive months as specified in the Schedule of Benefits or until the insured's death if earlier. Once the Monthly Income Benefit has commenced, the policy need not be in force for payments to continue.

HOSPITAL CONFINEMENT BENEFIT

When the insured becomes Hospital Confined due to a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount per day as specified in the Schedule of Benefits up to the maximum number of days payable as specified in the Schedule of Benefits.

SURGICAL BENEFIT

When the insured has a surgery related to the initial diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid, during the 2 year period following the initial diagnosis, we will pay the amount as specified in the Schedule of Benefits. This benefit is limited to one payment during the lifetime of the insured.

HEALTH SCREENING TESTS BENEFIT

Health screening tests are limited to Breast Ultrasound, Chest X-ray, Mammography and Pap test. If the insured undergoes any of the health screening tests listed above, while covered by the policy, we will pay up to the Health Screening Tests Benefit stated in the Schedule of Benefits.

RETURN OF PREMIUM

If the insured has only filed claims for the Health Screening Tests Benefit during the 20 year period following the effective date of the policy, we will return all premiums paid upon the insured's surrender of the policy, when the insured attains age 70 or upon death, whichever occurs first.

WAITING PERIOD

The policy has a 30 day Waiting Period, except for the Health Screening Tests Benefit. Waiting Period means the 30 day period that begins on the effective date of the policy. No benefits are payable for a Covered Cancer that is initially manifested or diagnosed before the end of this period.

EXCLUSIONS

We will pay NO benefits:

- a) for Covered Cancers manifested or diagnosed during the Waiting Period; or
- b) if the insured has previously been diagnosed with a Covered Cancer or with any other cancer prior to the effective date of the policy; or
- c) if the insured had an abnormal cervical smear or PAP test result within the last 2 years prior to the effective date of the policy, no payment will be made until any subsequent test results have been normal for a period of 2 consecutive years.

We will pay NO Surgery Benefits if:

- a) Your stay in the hospital for surgery is less than 48 consecutive hours unless the surgery is for a lumpectomy, mastectomy or breast reconstruction; or
- b) for diagnostic surgery including biopsy or aspiration.

PREEXISTING CONDITION LIMITATION

We will pay NO benefits that are caused by a Preexisting Condition unless the Covered Cancer commences after the policy has been in force for 6 months from the effective date or most recent reinstatement date.

DEFINITIONS

Covered Cancer means cancer of the following: breast, fallopian tubes, cervix, ovaries, uterus, vagina or vulva which are:

- a) first manifested while the policy is in force; and
- b) first manifested after the Waiting Period; and
- c) definitively diagnosed by a physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and the results must be documented in and supported by the insured's medical records.

Covered Cancer does NOT mean precancerous conditions, leukoplakia, carcinoid, hyperplasia, polycythemia, non-malignant melanoma, moles, any benign neoplasm, or any malignancy in the presence of Human Immunodeficiency Virus (HIV). It does not mean the discovery of abnormal cells in the cervix unless they were malignant, or of any skin cancers.

Hospital Confinement/Confined means an insured confined to a bed in a hospital for which a room charge is made. The Hospital Confinement must be on the advice of a physician and medically necessary as a result of a Covered Cancer.

Preexisting Condition means:

- (a) the existence of a condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the 6-month period before the date coverage on the insured becomes effective under the policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a physician or received from a physician within the 6-month period before the date coverage on the insured becomes effective under the policy.

TERMINATION

The policy will terminate on the earlier of:

- a) the date on which the policy lapses or terminates; or
- b) the next policy anniversary date following the insured's attainment of age 70; or
- c) the date the Return of Premium Benefit is paid to the insured; or
- d) 2 years from the date of diagnosis of a Covered Cancer for which a First Diagnosis Benefit is paid; or
- e) any premium due date requested by you in writing to terminate the policy; or
- f) the end of the grace period following the due date for which a premium was not paid.

GUARANTEED RENEWABLE TO AGE 70 – SUBJECT TO CHANGE IN PREMIUMS BY CLASS

Your policy may be continued until the policy anniversary on or following your 70th birthday, subject to the Termination provision, by payment of the required premiums when they are due. While the policy is in force, we will not add any restrictive riders or endorsements. We can change the premiums for the policy. Any premium change will be on a class basis only, as we determine, and will be based on your age on the effective date of the policy.

Premium Summary

Premiums: Payable _____
(mode)

Total Premium \$ _____

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.



<p>American General Insurance Company <i>A Member Company of American International Group, Inc</i></p> <p>2727-A Allen Parkway Houston, TX 77019</p> <p>C2004 American International Group. Inc. All rights reserved.</p>	<p><i>The underwriting risks- financial obligations and support functions associated with the products issued by American General Life Insurance Company are solely its responsibility. American General Life Insurance Company is responsible for its own financial condition and contractual obligations.</i></p>
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