

SERFF Tracking Number: AMGN-125583303 State: Arkansas  
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 38530  
Company Tracking Number: AGLA05ALO REV0308, PGS 3, 6/7, 16/17  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Insert Pages for AgLA 05ALO  
Project Name/Number: Filing for Compliance with 2001 CSO Mortality Table Requirements/AGLA 05ALO REV0308, Pgs 3, 6/7, 16/17

## Filing at a Glance

Company: American General Life and Accident Insurance Company  
Product Name: Insert Pages for AgLA 05ALO SERFF Tr Num: AMGN-125583303 State: ArkansasLH  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 38530  
Adjustable Life  
Sub-TOI: L09I.001 Single Life Co Tr Num: AGLA05ALO State Status: Approved-Closed  
REV0308, PGS 3, 6/7, 16/17  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Marilyn Ellis Disposition Date: 04/04/2008  
Date Submitted: 03/28/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Filing for Compliance with 2001 CSO Mortality Table Requirements Status of Filing in Domicile: Pending  
Project Number: AGLA 05ALO REV0308, Pgs 3, 6/7, 16/17 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: This filing has been submitted to our domicile state of Tennessee on 3/28/08.  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 04/04/2008  
State Status Changed: 04/04/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

FILING FOR COMPLIANCE WITH 2001 CSO MORTALITY TABLE REQUIREMENTS

SERFF Tracking Number: AMGN-125583303 State: Arkansas  
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## Insert Pages for Flexible Premium Adjustable Life Insurance Policy AGLA 05ALO

Form No.

Description

Replaces Previously Approved

AGLA 05ALO R REV0308, Pg 3 Policy Insert Page AGLA 05ALO R, Pg 3 7/18/05

AGLA 05ALO REV0308, Pg 6/7 Policy Insert Page AGLA 05ALO, Pg 6/7 7/18/05

AGLA 05ALO M REV0308, Pg 16/17 Policy Insert Page AGLA 05ALO M, Pg 16/17 7/18/05

AGLA 05ALO F REV 0308, Pg 16/17 Policy Insert Page AGLA 05ALO F, Pg 16/17 7/18/05

Dear Sir or Madam:

The above policy insert pages are being submitted for your consideration and approval. Each replaces a previously approved insert page as shown above. The referenced forms have been submitted to our domicile state of Tennessee.

The above insert pages will be used with individual, nonparticipating Flexible Premium Adjustable Life Insurance Policy AGLA 05ALO, previously approved 7/18/05. The insert pages will be issued as follows:

1. AGLA 05ALO R REV0308, Page 3 and AGLA 05ALO REV0308, Pg 6/7 will be used for both male and female issues. The John Doe information on Page 3 is for the following specifications: Male, Age 35, \$100,000 of Initial Specified Amount and Issue Date of 3/01/08.
2. AGLA 05ALO M REV0308, Page 16/17 will be used with male issues.
3. AGLA 05ALO F REV0308, Page 16/17 will be used with female issues.

To comply with 2001 CSO Mortality Table requirements, the following changes have been made to the referenced insert pages:

1. The reference to "1980 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality on page 3B has been replaced with "2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table."

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- The Table of Death Benefit Factors on policy page 6 has been expanded to show attained ages through age 120.
- The Table of Guaranteed Monthly Cost of Insurance Rates per \$1,000 of Net Amount at Risk on policy page 16 has been updated based on the 2001 CSO Mortality Table.

In addition, a revised actuarial memorandum is enclosed for your review.

## 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: \$80.00  
 Retaliatory? No  
 Fee Explanation: 4 forms x \$20 = \$80  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$0.00	03/28/2008	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
91223456	\$80.00	03/26/2008

SERFF Tracking Number: AMGN-125583303 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/04/2008	04/04/2008

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## Disposition

Disposition Date: 04/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Form</b>	Policy Schedule Page		Yes
<b>Form</b>	Policy Insert Page		Yes
<b>Form</b>	Policy Insert Page		Yes
<b>Form</b>	Policy Insert Page		Yes

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## Form Schedule

**Lead Form Number:** AGLA 05ALO REV0308, Pg 3

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 05ALO R REV0308, Pg 3	Schedule Pages	Policy Schedule Page	Initial		52	AGLA05ALORREV0308P3.pdf
	AGLA 05ALO REV0308, Pg 6/7	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page	Initial		54	AGLA05ALOREV0308P6.pdf
	AGLA 05ALO M REV0308, Pg 16/17	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page	Initial		52	AGLA05ALOMREV0308P16.pdf
	AGLA 05ALO F REV0308, Pg 16/17	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Policy Insert Page	Initial		52	AGLA05ALOFREV0308P16.pdf

# POLICY SCHEDULE

## Schedule of Benefits

### BASIC POLICY

Flexible Premium Adjustable Life Insurance

### Years Payable

[86]

### Monthly Cost Of Insurance

See Page 16

## Schedule of Premiums & Expense Charges

**Premium Class** - [Standard - No-Tobacco]  
**Initial Premium** - [\$351.96]  
**Planned Periodic Premium** - [\$351.96]  
**Due Date (for Planned Periodic Premium)** - [1<sup>st</sup> Day of Each March]  
**Deduction Day** - [1<sup>st</sup>] Day of Each Month

**Minimum Monthly Premium** - [\$29.33]  
**Minimum Monthly Premium Period** - [19] Years

	<b>Guaranteed</b>	<b>Initial</b>
<b>Premium Expense Charge Percentage</b> -	7.50%	[7.50%]
<b>Monthly Administration Fee</b> -	\$7.70	[\$7.70]

## Increases and Decreases in Specified Amount

**Minimum Specified Amount** - [\$25,000]  
**Minimum Increase Amount** - \$10,000

# POLICY SCHEDULE

(Continued)

<b>Surrenders</b>
-------------------

**Partial Surrender Charge** - \$25

**Surrender Charge Period** - [19] Years

<b>Table of Surrender Charges Per \$1,000 of Initial Specified Amount</b>
---

<b>Year of Surrender</b>	<b>Surrender Charge Per \$1,000</b>	<b>Year of Surrender</b>	<b>Surrender Charge Per \$1,000</b>
1	[\$24.10]	1	[\$14.40]
2	[23.80]	12	[12.80]
3	[23.50]	13	[11.20]
4	[23.20]	14	[9.60]
5	[22.90]	15	[8.00]
6	[21.50]	16	[6.40]
7	[20.10]	17	[4.80]
8	[18.70]	18	[3.20]
9	[17.40]	19	[1.60]
10	[16.00]	20+	0.00

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. In addition, there will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

## POLICY SCHEDULE

(Continued)

### Mortality Table

2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table

### Guaranteed Interest Rate

**Guaranteed Interest Rate** - 0.24663% per month, compounded monthly  
(This is equivalent to 3.00% per year, compounded annually.)

### Accumulation Value Interest

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the Guaranteed Interest Rate will be credited to the amount of any outstanding Loan Balance.

### Loans

**Annual Policy Loan Interest Rate** - 8.00%

### Maturity Date

[March 1, 2094]

**Coverage may expire prior to the Maturity Date if:**

- (a) no future premiums are paid following payment of the Initial Premium; or
- (b) subsequent premiums are insufficient; or
- (c) We change the cost of insurance rates, interest rates, the Premium Expense Charge Percentage or the Monthly Administration Fee.

### Endorsement(s)

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 8 percent on such amount after 30 days from the date when proof of death is received in Our Home Office until payment is made.

A-7.1



## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

### DEATH BENEFIT PROCEEDS

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary after We receive due proof and proper written claim. The Death Benefit Proceeds will be subject to:

- (a) the Death Benefit Option in effect on the date of death; and
- (b) any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown in the Policy Data on Page 1.

Guidelines for changing the Death Benefit Option or the Specified Amount can be found in the section entitled "Changing Your Insurance Policy."

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received after the date of death, less any Loan Balance and will be subject to the other provisions of the Owner and the Beneficiary section.

### Death Benefit Option

The Death Benefit Option that You have chosen is shown in the Policy Data on Page 1 as either Option A or Option B.

#### Option A

If You have chosen Option A, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

#### Option B

If You have chosen Option B, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount plus the Accumulation Value on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

### DEATH BENEFIT FACTOR

The Death Benefit Factor will be based on the Insured's Attained Age on each Policy Anniversary as shown in the following table.

Table Of Death Benefit Factors					
Att'd Age	Factor	Att'd Age	Factor	Att'd Age	Factor
0-40	2.50	54	1.57	68	1.17
41	2.43	55	1.50	69	1.16
42	2.36	56	1.46	70	1.15
43	2.29	57	1.42	71	1.13
44	2.22	58	1.38	72	1.11
45	2.15	59	1.34	73	1.09
46	2.09	60	1.30	74	1.07
47	2.03	61	1.28	75-90	1.05
48	1.97	62	1.26	91	1.04
49	1.91	63	1.24	92	1.03
50	1.85	64	1.22	93	1.02
51	1.78	65	1.20	94	1.01
52	1.71	66	1.19	95-120	1.00
53	1.64	67	1.18		

## CHANGING YOUR INSURANCE POLICY

You may request a change in Specified Amount and in Death Benefit Option to become effective any time after the first Policy Anniversary. Your request must be submitted to Our Home Office in writing.

### INCREASING THE SPECIFIED AMOUNT

Any increase in the Specified Amount cannot be less than the Minimum Increase Amount shown on the Policy Schedule. We will require a supplemental application and, except as provided in any Additional Insurance Option Rider, evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the monthly Deduction Day on or next following the date the application for increase is approved by Us.

### DECREASING THE SPECIFIED AMOUNT

Any decrease will go into effect on the monthly Deduction Day following the day We receive the request. The

Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

- (a) the Minimum Specified Amount shown on the Policy Schedule; and
- (b) any Death Benefit Amount required to qualify this Policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

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

Any decrease in Specified Amount will be subject to applicable Surrender Charges on a pro rata basis, and any remaining Surrender Charge will be reduced on a pro rata basis.

# CHANGING YOUR INSURANCE POLICY

(Continued)

## CHANGING THE DEATH BENEFIT OPTION

You may request a change in the Death Benefit Option You have chosen.

- (a) If You request a change from Option A to Option B: the new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero.
- (b) If You request a change from Option B to Option A: the new Specified Amount will be the Death Benefit Amount as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the monthly Deduction Day following the date We receive Your request for change.

## CHANGING THE TERMS OF YOUR POLICY

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy.

## POLICY VALUES

### ACCUMULATION VALUE ON THE DATE OF ISSUE

The Accumulation Value on the Date of Issue will be:

- (a) the Net Premium received; less
- (b) the Monthly Deduction for the first Policy Month. (See the How We Calculate A Monthly Deduction provision.)

The first Deduction Day is the Date of Issue. The monthly Deduction Day is shown on the Policy Schedule.

### ACCUMULATION VALUE ON EACH MONTHLY DEDUCTION DAY

On each monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

- (a) We will take the Accumulation Value as of the last monthly Deduction Day; and
- (b) add all Net Premiums received since the last monthly Deduction Day; and
- (c) add the interest earned for the month; interest will be applied for the entire month on the excess of the Accumulation Value on the last monthly Deduction Day over any Partial Surrenders made since the last monthly Deduction Day; and
- (d) subtract any Partial Surrender made and any charges for Partial Surrenders since the last monthly Deduction Day; and
- (e) subtract any Surrender Charge assessed as a result of a decrease in Specified Amount effective on the monthly Deduction Day; and
- (f) subtract the Monthly Deduction for the Policy

Month following the monthly Deduction Day. (See the How We Calculate A Monthly Deduction provision.)

### ACCUMULATION VALUE ON ANY DAY OTHER THAN A MONTHLY DEDUCTION DAY

The Accumulation Value on any day other than a monthly Deduction Day will be:

- (a) the Accumulation Value as of the last monthly Deduction Day;
- (b) plus all Net Premiums received since the last monthly Deduction Day;
- (c) less any Partial Surrenders paid and any charges for Partial Surrenders since the last monthly Deduction Day.

### CASH VALUE

The Cash Value of this Policy will be equal to the Accumulation Value less the Surrender Charge, if any.

### CASH SURRENDER VALUE

The Cash Surrender Value of this Policy will be equal to the Cash Value less any Loan Balance.

### MONTHLY DEDUCTIONS

Unless this Policy is being continued in force under the Minimum Monthly Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. Each Monthly Deduction deducted from the Accumulation Value will cause an equal reduction in the Cash Surrender Value. If the Cash Surrender Value on a monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this Policy will be subject to the Grace Period and Minimum Monthly Premium provisions.

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO
0	\$0.06	40	\$ 0.24	80	\$ 8.29
1	0.03	41	0.26	81	9.13
2	0.02	42	0.29	82	10.00
3	0.02	43	0.32	83	10.94
4	0.01	44	0.36	84	12.02
5	0.01	45	0.39	85	13.26
6	0.01	46	0.43	86	14.63
7	0.01	47	0.46	87	16.11
8	0.01	48	0.49	88	17.68
9	0.01	49	0.52	89	19.33
10	0.02	50	0.56	90	20.96
11	0.02	51	0.61	91	22.54
12	0.02	52	0.67	92	24.20
13	0.03	53	0.74	93	25.96
14	0.04	54	0.83	94	27.87
15	0.05	55	0.93	95	29.84
16	0.06	56	1.03	96	31.77
17	0.07	57	1.12	97	33.84
18	0.07	58	1.21	98	36.10
19	0.08	59	1.31	99	38.54
ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO	ATTAINED AGE	NO TOBACCO
20	0.10	60	1.43	100	40.90
21	0.11	61	1.59	101	42.98
22	0.11	62	1.77	102	45.22
23	0.12	63	1.96	103	47.64
24	0.13	64	2.15	104	50.49
25	0.13	65	2.34	105	54.03
26	0.14	66	2.52	106	57.96
27	0.15	67	2.70	107	62.35
28	0.15	68	2.89	108	67.27
29	0.15	69	3.10	109	72.85
30	0.15	70	3.34	110	79.19
31	0.15	71	3.64	111	83.33
32	0.15	72	3.98	112	83.33
33	0.15	73	4.33	113	83.33
34	0.16	74	4.71	114	83.33
35	0.17	75	5.14	115	83.33
36	0.18	76	5.61	116	83.33
37	0.19	77	6.16	117	83.33
38	0.20	78	6.80	118	83.33
39	0.22	79	7.51	119	83.33
				120	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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## Rate Information

Rate data does NOT apply to filing.

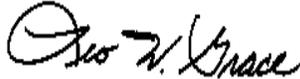


AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 05ALO R REV0308, Pg 3	Policy Insert Page
AGLA 05ALO REV0308, Pg 6/7	Policy Insert Page
AGLA 05ALO M REV0308, Pg 16/17	Policy Insert Page
AGLA 05ALO F REV 0308, Pg 16/17	Policy Insert Page

This is to certify that, to the best of my knowledge and belief, the above forms comply 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

DATE: March 28, 2008

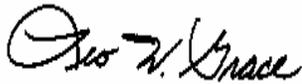
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

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I certify, as an officer and qualified actuary of American General Life and Accident Insurance Company, that I have reviewed Rule and Regulation 34 and that, to the best of my knowledge and belief, the subject Insert pages of policy form AGLA 05ALO and its supporting actuarial material comply with Rule and Regulation 34.

I further certify that the reserves shall not be less than the actual Cash Values provided for under policy form AGLA 05ALO.



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Leo W. Grace  
Vice President

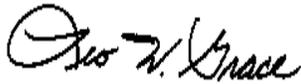
DATE: March 28, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

SUBJECT:   AGLA 05ALO R REV0308, Pg 3           Policy Insert Page  
          AGLA 05ALO REV0308, Pg 6/7           Policy Insert Page  
          AGLA 05ALO M REV0308, Pg 16/17    Policy Insert Page  
          AGLA 05ALO F REV 0308, Pg 16/17    Policy Insert Page

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



Leo W. Grace  
Vice President

DATE: March 28, 2008

