

SERFF Tracking Number: AMGN-125596010 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 38660
 Company Tracking Number: AGLA 08174
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy
 Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/AGLA 08174

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 08174 Flexible Premium SERFF Tr Num: AMGN-125596010 State: ArkansasLH
 Adjustable Life Insurance Policy

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 38660
 Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: AGLA 08174 State Status: Approved-Closed

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

Author: Marilyn Ellis Disposition Date: 05/05/2008

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

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Flexible Premium Adjustable Life Insurance Policy

Project Number: AGLA 08174

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The enclosed policy has been submitted to our domicile state of Tennessee.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/05/2008

State Status Changed: 05/05/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The enclosed form is being submitted for your consideration and approval. It is new and does not replace a form previously approved by your department. The Flesch readability score is 53.3. We have submitted the referenced form to our domicile state of Tennessee.

SERFF Tracking Number: AMGN-125596010 *State:* Arkansas
Filing Company: American General Life and Accident Insurance *State Tracking Number:* 38660
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Policy form AGLA 08174 will be marketed with an illustration. It will be sold, by all producers who solicit this type of business, to consumers who are purchasing insurance for personal needs.

AGLA 08174 is an individual nonparticipating flexible premium adjustable life insurance policy (universal life). The death benefit will depend on the option chosen by the Owner. Under option A, the death benefit 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 shown in the policy. Under Option B, the death benefit will be the greater of: (a) 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 shown in the policy.

Premium payments are flexible. As long as there is sufficient Cash Value in the policy to cover the monthly deductions, the policy will remain in force. During the early policy years prior to positive Cash Values emerging, there is a Monthly Guarantee Premium provision. This provision states that the policy will remain in force during the Monthly Guarantee Premium Period if the total of the premiums paid is at least equal to the sum of the Monthly Guarantee Premium which should have been paid, through the current monthly Deduction Day, plus any partial surrenders and any loan increase during the period. The policy provides a 61-day grace period.

A Premium Expense Charge will be deducted from each premium payment. The expense charge is calculated by multiplying the premium paid by the current Premium Expense Charge Percentage which will never be greater than the guaranteed percentage shown on the Policy Schedule.

A monthly Administration Fee will be deducted from the Accumulation Value. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

There will be a Monthly Expense Charge associated with the Initial Specified Amount and each increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount and any increase in Specified Amount is shown on the Policy Schedule. The Monthly Expense Charge Duration is also shown on the Policy Schedule.

Interest will be credited each month to the Accumulation Value. At the end of the first month following each Current

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Interest Bonus Year shown on the Policy Schedule, and at the end of each month thereafter, the policy will be eligible for a current interest bonus.

Policy Pages 3 and 16/17 are based on the specific issue, as follows, and a copy of each is attached:

1. Insert Page AGLA 08174 1, Page 3 will be used for male and female issues in bands F15 and F25 (see enclosed actuarial memorandum for explanation of banding).
2. Insert Page AGLA 08174 2, Page 3 will be used for male and female issues in band F50.
3. Insert Page AGLA 08174 3, Page 3 will be used for male and female issues in band F100.
4. Insert Page AGLA 08174 M1, Page 16/17 will be used for male issues in bands F15 and F25.
5. Insert Page AGLA 08174 M2, Page 16/17 will be used for male issues in bands F50 and F100.
6. Insert Page AGLA 08174 F1, Page 16/17 will be used for female issues in bands F15 and F25.
7. Insert Page AGLA 08174 F2, Page 16/17 will be used for female issues in bands F50 and F100.

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 Company	CoCode: 66672	State of Domicile: Tennessee
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

SERFF Tracking Number: AMGN-125596010 State: Arkansas
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Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form X \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$0.00	04/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
91224308	\$50.00	04/07/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/05/2008	05/05/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	05/02/2008	05/02/2008	Marilyn Ellis	05/05/2008	05/05/2008
Industry Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Arkansas Certification	Supporting Document	Marilyn Ellis	05/05/2008	05/05/2008
Insert Page	Form	Marilyn Ellis	04/15/2008	04/15/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Application		Yes
Supporting Document	Arkansas Certification		Yes
Supporting Document	Arkansas Certification		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Policy Schedule		Yes
Form	Policy Schedule		Yes
Form	Policy Schedule		Yes
Form	Insert Page		Yes
Form	Insert Page		Yes
Form	Insert Page		Yes
Form (revised)	Insert Page		Yes
Form	Insert Page		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/02/2008
Submitted Date 05/02/2008
Respond By Date
Dear Kathryn Mitchell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filing of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/05/2008
Submitted Date 05/05/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Attached please find a certification of compliance with Regulation 34. I apologize this was not included in the original submission.

Related Objection 1

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Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filing of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or other cost factors and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Arkansas Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Marilyn Ellis

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Amendment Letter

Amendment Date:

Submitted Date: 05/05/2008

Comments:

I apologize, but the certification of compliance I just sent for AGLA 08174 had some incorrect wording in the first paragraph as I copied from a previous submission. I'm attaching another certification of compliance with Regulation 34 for AGLA 08174. Sorry for the inconvenience.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Arkansas Certification

Comment:

ARCERT4 for AGLA 08174.pdf

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Amendment Letter

Amendment Date:
 Submitted Date: 04/15/2008

Comments:

Attached please find a correct form AGLA 08174 F2, Page 16/17 instead of 2 copies of form AGLA 08174 F1, Page 16/17 that was submitted with the original filing. I apologize for the oversight.

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
AGLA 08174 F2	Certificate Amendment,	Insert Page,	Initial				53	AGLA08174F2.pdf

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Form Schedule

Lead Form Number: AGLA 08174

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 08174	Policy/Contract	Flexible Premium Adjustable Life Insurance Policy Certificate	Initial		53	AGLA08174AR.pdf
	AGLA 08174 1	Schedule Pages	Policy Schedule	Initial		53	AGLA081741P3.pdf
	AGLA 08174 2	Schedule Pages	Policy Schedule	Initial		53	AGLA081742P3.pdf
	AGLA 08174 3	Schedule Pages	Policy Schedule	Initial		53	AGLA081743P3.pdf
	AGLA 08174 M1	Certificate Amendment, Insert Page, Endorsement or Rider	Insert Page	Initial		53	AGLA08174M1.pdf
	AGLA 08174 M2	Certificate Amendment, Insert Page, Endorsement or Rider	Insert Page	Initial		53	AGLA08174M2.pdf
	AGLA 08174 F1	Certificate Amendment, Insert Page, Endorsement or Rider	Insert Page	Initial		53	AGLA08174F1.pdf
	AGLA 08174 F2	Certificate Amendment	Insert Page	Initial		53	AGLA08174F2.pdf

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t, Insert
Page,
Endorseme
nt or Rider

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

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

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

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

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

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

DISCLAIMER

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

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

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

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

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

(please turn to back of page)

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

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

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

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

LIMITS ON AMOUNT OF COVERAGE

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

American General Life and Accident Insurance Company

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



American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

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

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

POLICY DATA

Insured - John Doe

Policy Number - 123456789

Age - 35

Date of Issue - April 1, 2008

Gender - Male

Initial Specified Amount - \$15,000

Beneficiary - See Application

Death Benefit Option - A

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

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


SECRETARY


PRESIDENT

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
DEATH BENEFIT PROCEEDS PAYABLE AT DEATH OF INSURED BEFORE THE MATURITY DATE
FLEXIBLE PREMIUMS PAYABLE TO THE MATURITY DATE
NONPARTICIPATING

CONTENTS OF POLICY

Policy Data	Page 1	Policy Loans	Page 11
Policy Schedule	Page 3	Settlement Options	Page 12
Definitions	Page 4	General Provisions	Page 14
The Owner And The Beneficiary	Page 4	Table Of Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 Of Net Amount At Risk	Page 16
Premium Payments	Page 5	Table Of Guaranteed Single Premium Rates Per \$1,000 Of Paid-Up Whole Life	Page 17
Death Benefit And Death Benefit Options	Page 6		
Changing Your Insurance Policy	Page 7		
Policy Values	Page 8		

Any additional benefit riders and a copy of the application, and any supplemental applications, are included after Page 17.

POLICY PROVISIONS IN ALPHABETICAL ORDER

Accumulation Value On Any Day Other Than A Monthly Deduction Day	Page 8	How We Calculate The Cost Of Insurance For The Basic Policy Illustrative Report	Page 9 Page 15
Accumulation Value On Each Monthly Deduction Day	Page 8	Incontestability	Page 14
Accumulation Value On The Date Of Issue	Page 8	Increasing The Specified Amount	Page 7
Age And Gender Incorrectly Stated	Page 14	Interest Rate	Page 9
Annual Report	Page 14	Limitations	Page 12
Assigning Your Policy	Page 14	Loan Balance	Page 11
Beneficiary	Page 4	Loan Interest	Page 11
Cash Surrender Value	Page 8	Maximum Net Amount At Risk	Page 5
Cash Value	Page 8	Maximum Premium	Page 5
Change Of Owner Or Beneficiary	Page 5	Monthly Administration Fee	Page 9
Changes In Rates, Charges And Fees	Page 9	Monthly Benchmark Premium	Page 8
Changing The Death Benefit Option	Page 7	Monthly Deductions	Page 8
Changing The Terms Of Your Policy	Page 7	Monthly Expense Charge	Page 9
Common Disaster	Page 4	Monthly Guarantee Premium	Page 10
Continuation Of Insurance Coverage If Amount Or Frequency Of Premium Payments Is Reduced Or If Premium Payments Are Discontinued	Page 11	No Dividends	Page 14
Contract	Page 14	Owner	Page 4
Cost Of Insurance For Benefits Provided By Riders	Page 9	Paid-Up Whole Life Option	Page 11
Cost of Insurance Rate	Page 9	Partial Surrender	Page 10
Current Interest Bonus	Page 9	Payment Of Cash Surrender Value Benefit	Page 10
Date of Issue	Page 14	Periodic Payments	Page 12
Death Benefit Factor	Page 6	Planned Periodic Premiums	Page 5
Death Benefit Proceeds	Page 6	Policy Loan	Page 11
Death of Payee	Page 12	Preferred Loans	Page 11
Decreasing The Specified Amount	Page 7	Premium Expense Charge	Page 5
Definitions	Page 4	Proceeds	Page 5
Election of Options	Page 12	Reinstatement	Page 15
Expense Charge For Increasing Specified Amount	Page 7	Repayment Of Loan Balance	Page 11
Full Surrender	Page 10	Rights Reserved By Us	Page 15
Grace Period	Page 10	Settlement Options	Page 12
How We Calculate A Monthly Deduction	Page 8	Statutory Basis Of Policy Values	Page 14
		Suicide Exclusion	Page 14
		Surrender Charge	Page 10
		Unscheduled Additional Premiums	Page 5
		When This Policy Terminates	Page 15
		Where To Pay	Page 5

TABLES IN ALPHABETICAL ORDER

Death Benefit Factors, Table Of	Page 6
Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 Of Net Amount At Risk, Table Of	Page 16
Guaranteed Single Premium Rates Per \$1,000 Of Paid-Up Whole Life, Table Of	Page 17
Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage, Table Of	Page 3
Settlement Option Tables	Page 13
Surrender Charges Per \$1,000 Of Coverage, Table Of	Page 3

AGLA 08174 Page 2

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 - [\$207.00]
- Planned Periodic Premium - [\$207.00]
- Due Date (for Planned Periodic Premium) - [1st Day of Each April]
- Deduction Day - [1st] Day of Each Month

- Monthly Benchmark Premium - [\$17.25]
- Monthly Guarantee Premium - [\$17.25]
- Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage -	10.0%	[10.0%]
Monthly Administration Fee -	\$7.50	[\$7.50]

- Monthly Expense Charge - [\$10.80]
- Monthly Expense Charge Duration - [To Maturity Date]

Increases and Decreases in Specified Amount

- Minimum Specified Amount - [\$15,000]
- Minimum Increase Amount - \$5,000

POLICY SCHEDULE

(Continued)

Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage

Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000
35	\$1.03	52	\$1.67	69	\$1.65
36	1.06	53	1.73	70	1.64
37	1.08	54	1.78	71	1.64
38	1.11	55	1.84	72	1.63
39	1.14	56	1.82	73	1.63
40	1.17	57	1.81	74	1.62
41	1.20	58	1.79	75	1.62
42	1.24	59	1.78	76	1.62
43	1.27	60	1.76	77	1.61
44	1.31	61	1.75	78	1.61
45	1.35	62	1.73	79	1.60
46	1.39	63	1.72	80	1.59
47	1.43	64	1.70	81	1.57
48	1.47	65	1.69	82	1.54
49	1.52	66	1.68	83	1.50
50	1.57	67	1.67	84	1.42
51	1.62	68	1.66	85	1.32]

The above charges apply to each \$1,000 in increase of Specified Amount. The Maximum Expense Charge for Increasing Specified Amount will be equal to the rate shown above for Attained Age, multiplied by the number of thousands of increase in Specified Amount.

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges Per \$1,000 of Coverage

Year of Surrender	Surrender Charge Per \$1,000	Year of Surrender	Surrender Charge Per \$1,000
1	[\$21.62]	11	[\$19.46]
2	[21.62]	12	[17.30]
3	[21.62]	13	[15.13]
4	[21.62]	14	[12.97]
5	[21.62]	15	[10.81]
6	[21.62]	16	[8.65]
7	[21.62]	17	[6.49]
8	[21.62]	18	[4.32]
9	[21.62]	19	[2.16]
10	[21.62]	20+	0.00

The above charges apply to each \$1,000 of Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Specified Amount will be equal to the rate shown above multiplied by the number of thousands of Specified Amount being surrendered. 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 Tables.

Guaranteed Interest and Current Interest Bonus Rates

Guaranteed Interest Rate - 0.18559% per month, compounded monthly.
(This is equivalent to 2.25% per year, compounded annually.)

Current Interest Bonus Years - 5th and 10th Policy Anniversaries

Current Interest Bonus Rate - **Current Interest Bonus Year 5**
[0.25%] per year

Current Interest Bonus Year 10
[Additional 0.25%] per year

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 rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by us will be credited to the amount of any outstanding Preferred Loan Balance.

Loan Interest

Annual policy loan interest rate: 8.00%

Maturity Date

[April 1, 2094]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium;
- (b) subsequent premiums are insufficient; or
- (c) we change the Cost of Insurance rates, interest rates, the Net Premium percentage, or the Monthly Administration Fee.

DEFINITIONS

Age means age on the Insured's last birthday as shown in the Policy Data on Page 1.

Attained Age means the Insured's Age plus the number of full years from the Date of Issue.

Grace Period means the 61-day period during which the Policy remains in force following a monthly Deduction Day on which the Cash Surrender Value was less than the Monthly Deduction.

Home Office means Our main office located at the American General Center in Nashville, Tennessee 37250-0001, or such other location that We may elect.

Loan Balance means the sum of any unpaid Policy Loans and accrued Loan Interest.

Net Amount At Risk means the excess of the Death Benefit Amount over the Accumulation Value of this Policy.

Net Premium means the premium paid, minus the Premium Expense Charge.

Planned Periodic Premium means the amount and frequency of premium payments You selected.

Policy Anniversary means the date exactly one year subsequent to the Issue Date of the Policy and the same date in each subsequent year.

Preferred Loan means a policy loan that is made at a net cost to You that is less than the net cost of other policy loans.

Specified Amount means the amount of insurance in effect on a specified date.

Unscheduled Additional Premiums means a deposit of an amount in excess of the Planned Periodic Premiums.

THE OWNER AND THE BENEFICIARY

OWNER

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

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

- (a) the 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 should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

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

BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

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

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

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

COMMON DISASTER

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

THE OWNER AND THE BENEFICIARY

(Continued)

PROCEEDS

Proceeds means the amount payable on:

- (a) the Maturity Date;
- (b) exercise of the full surrender benefit; or
- (c) the Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Amount less any outstanding Loan Balance.

All proceeds and partial surrender benefits are subject to the provisions of the Settlement Options section and the other provisions of this Policy.

CHANGE OF OWNER OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. We can require that any change be endorsed on Your Policy.

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

PREMIUM PAYMENTS

Premium payments are flexible. This means You may choose the amount and frequency of payments, subject to the limitations below.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. (See the Policy Values section for a detailed explanation.)

PLANNED PERIODIC PREMIUMS

The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See Maximum Premium provision.) Payment of the Planned Periodic Premium may not be sufficient to keep Your Policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your Policy in force. (See Grace Period provision.)

UNSCHEDULED ADDITIONAL PREMIUMS

You may pay Unscheduled Additional Premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of Unscheduled Additional Premiums. (See Maximum Premium and Maximum Net Amount at Risk provisions.)

MAXIMUM PREMIUM

The sum of the premiums paid under this Policy may not exceed the maximum premium limit as determined by Us. We will provide details of such limit upon request. Any portion of any premium paid which is determined to be in excess of such limit will be refunded.

MAXIMUM NET AMOUNT AT RISK

We reserve the right to refund any premium that could cause an immediate increase in the Net Amount at Risk. We may automatically process a partial surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations.

WHERE TO PAY

You may make Your payments to Us at Our Home Office or to an authorized agent. A receipt signed by an officer of the Company will be furnished upon request.

PREMIUM EXPENSE CHARGE

The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. The initial Premium Expense Charge Percentage is shown on the Policy Schedule. The Premium Expense Charge Percentage will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

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."

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount.

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.

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

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

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.

EXPENSE CHARGE FOR INCREASING SPECIFIED AMOUNT

If the Specified Amount is increased, an Expense Charge for Increasing Specified Amount will be deducted from the Accumulation Value in equal monthly amounts for a period of 12 months. This expense charge will not be greater than the Maximum Expense Charge for Increasing Specified Amount described on the Policy Schedule.

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;
- (b) against the Initial Specified Amount.

Any decrease in Specified Amount that causes a reduction in Initial Specified Amount will be subject to surrender charges on a pro-rata basis, and the remaining surrender charge will be reduced on a pro-rata basis.

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. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the Decreasing The Specified Amount provision.
- (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 Administration Fee; less
- (c) the Monthly Expense Charge during the Monthly Expense Charge Duration; less
- (d) the Monthly Deduction for the first policy month. (See 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 the Monthly Administration Fee; and
- (f) subtract the Monthly Expense Charge during the Monthly Expense Charge Duration; and
- (g) subtract the Expense Charge for Increasing Specified Amount, if any; and
- (h) subtract the Monthly Deduction for the policy month following the monthly Deduction Day. (See 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.

MONTHLY BENCHMARK PREMIUM

The Monthly Benchmark Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. If the Specified Amount is increased, a new Monthly Benchmark Premium will be provided.

CASH VALUE

If the Policy is within the Monthly Guarantee Premium Period, the Cash Value of this Policy will be equal to the greater of:

- (a) the Accumulation Value less the Surrender Charge, if any; and
- (b) the sum of premiums paid since the Date of Issue, less any partial surrenders and charges for partial surrenders from the Accumulation Value since the Date of Issue, and less the sum of Monthly Benchmark Premiums scheduled to have been paid since the Date of Issue.

If the Policy is not in the Monthly Guarantee Premium Period, 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 Monthly Guarantee 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 Monthly Guarantee Premium provisions.

HOW WE CALCULATE A MONTHLY DEDUCTION

Each Monthly Deduction includes:

- (a) the cost of insurance provided by the basic Policy for the Initial Specified Amount and any subsequent changes; and
- (b) the cost of insurance for benefits provided by riders.

POLICY VALUES

(Continued)

HOW WE CALCULATE THE COST OF INSURANCE FOR THE BASIC POLICY

We calculate the cost of insurance at the beginning of each policy month on the monthly Deduction Day. The cost of insurance is determined for the Initial Specified Amount and each subsequent increase in Specified Amount as follows:

- (a) divide the Death Benefit Amount on the deduction day by 1.00 plus the Guaranteed Interest Rate shown on the Policy Schedule; and
- (b) reduce the result by the amount of the Accumulation Value on the deduction day as calculated by steps (a) through (f) described in the Accumulation Value on Each Monthly Deduction Day provision;
- (c) multiply the difference by the cost of insurance rate per \$1,000 of net amount at risk, this difference split into the amount associated with the Initial Specified Amount and subsequent increases in Specified Amount as provided in the Cost of Insurance Rate provision; and
- (d) divide the result by 1000.

COST OF INSURANCE FOR BENEFITS PROVIDED BY RIDERS

The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule.

MONTHLY ADMINISTRATION FEE

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

MONTHLY EXPENSE CHARGE

A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount is shown on the Policy Schedule. The Monthly Expense Charge Duration for the Initial Specified Amount and any increase in Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for increase in the Specified Amount will be provided in an endorsement to this Policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

COST OF INSURANCE RATE

The cost of insurance rate for the Initial Specified Amount and for each Specified Amount increase, is

based on the Insured's:

- (a) gender;
- (b) Age last birthday on each Policy Anniversary; and
- (c) premium class shown on the Policy Schedule, associated with the Initial Specified Amount and each increase in the Specified Amount.

A table of guaranteed monthly cost of insurance rates is included in this Policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all similar policies in the same rate class as this Policy. The rate class of this Policy is determined on its Date of Issue according to:

- (a) the calendar year of issue and Policy Anniversary;
- (b) the plan of insurance;
- (c) the amount of insurance; and
- (d) the Age, gender and premium class of the Insured.

CHANGES IN RATES, CHARGES AND FEES

Any redetermination of the cost of insurance rates, interest rates, net premium percentage or monthly administration fee may be based on Our expectations as to investment earnings, mortality, persistency, expenses, reinsurance costs, and state and federal taxes or other factors. We will not change these rates or charges in order to recoup any prior losses.

INTEREST RATE

The Guaranteed Interest Rate used in calculating Accumulation Values is shown on the Policy Schedule. We can use interest rates greater than the guaranteed rates to calculate Accumulation Values. We can apply different rates of interest to that portion of the Accumulation Value which equals the amount of Loan Balance, but they cannot be less than the Guaranteed Interest Rate.

CURRENT INTEREST BONUS

At the end of the first month following each Current Interest Bonus Years shown on the Policy Schedule, and at the end of each month thereafter, this Policy will be eligible for a current interest bonus. The bonus will be credited monthly to the Accumulation Value subject to the following guidelines:

- (a) the declared annual interest rate at the end of each month must be greater than the Guaranteed Interest Rate shown on the Policy Schedule; and
- (b) the bonus credited each month will increase the declared annual interest rate applied to the Accumulation Value not offset by a Loan Balance by the Current Interest Bonus Rate shown on the Policy Schedule.

POLICY VALUES

(Continued)

GRACE PERIOD

If the Cash Surrender Value on a monthly Deduction Day is less than the Monthly Deduction for the current month, this Policy will remain in force during the 61-day Grace Period that follows. If the Cash Surrender Value on a Policy Anniversary is not enough to pay any loan interest due, this Policy will remain in force during the 61-day Grace Period that follows. There is no Grace Period for the initial Monthly Deduction.

We will give You at least 31 days notice prior to termination that Your Policy is in the Grace Period and advise You of the amount of premium required to keep Your Policy in force. If the amount required to keep Your Policy in force is not paid by end of the Grace Period, this Policy will terminate without value. This 31 days prior notice will be sent to You at Your last address of record as shown in Our Home Office records, and to the assignee of record, if any. If death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the monthly Deduction Day on which the Grace Period commenced. The monthly deduction for the policy month following such monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

MONTHLY GUARANTEE PREMIUM

The Monthly Guarantee Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The Monthly Guarantee Premium Period (Guaranteed Period) on the Date of Issue is also shown on the Policy Schedule. This policy will not terminate during the Guarantee Period if, on each monthly Deduction Day within the Guarantee Period the sum of premiums paid equals or exceeds:

- (a) the sum of the Monthly Guarantee Premiums from the start of the Guarantee Period, including the current month; plus
- (b) any partial surrenders and any increase in the loan amount since the start of the Guarantee Period.

If the Specified Amount is increased, a new Monthly Guarantee Premium will be provided.

If a benefit rider is added or increased the Monthly Guarantee Premium will be increased. If a benefit rider is removed or decreased the Monthly Guarantee Premium will be decreased. Neither change will affect the Guarantee Period then in effect, if any.

If a policy is reinstated with no change to the Specified Amount, Premium Class or any benefit riders, the Monthly Guarantee Premium upon reinstatement will be

the same as it was when the policy lapsed. Reinstatement will not extend or otherwise change the Monthly Guarantee Premium Period that was in effect when the policy lapsed.

The policy value at the end of the Guarantee Period may be insufficient to keep the policy in force, unless an additional payment is paid thereafter to keep the policy in force.

FULL SURRENDER

Subject to the Owner and the Beneficiary section, You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date and while this Policy is in force. The Cash Surrender Value will be calculated as of the day We receive Your request.

PARTIAL SURRENDER

At any time, You may request withdrawal of a portion of the Cash Surrender Value of the policy. The remaining Cash Surrender Value must be at least \$250.00. Your request must be made in writing prior to the Maturity Date during the Insured's lifetime.

A partial surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash Value and Accumulation Value will be reduced by the amount of the partial surrender. If Your Death Benefit Option is Option A, the Specified Amount will be reduced by the amount of the partial surrender. If Your Death Benefit Option is Option B, the Specified Amount will not be reduced by the amount of the partial surrender. The Specified Amount remaining after this reduction must not be less than the Minimum Specified Amount shown on the Policy Schedule.

There will be a charge not to exceed the Partial Surrender Charge shown on the Policy Schedule for each partial surrender in addition to any applicable Surrender Charges. Any partial surrender that causes a reduction in Initial Specified amount will be subject to surrender charges on a pro-rata basis, and the remaining surrender charge will be reduced on a pro-rata basis.

SURRENDER CHARGE

The Surrender Charge applicable to the Initial Specified Amount is described in the Table of Surrender Charges for \$1,000 of Coverage. Such surrender charge will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period.

PAYMENT OF CASH SURRENDER VALUE BENEFIT

We can defer payment of Cash Surrender Values for up to six months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

POLICY VALUES

(Continued)

PAID-UP WHOLE LIFE OPTION

At any time while the Insured is living, You may use all or part of this Policy's Cash Surrender Value to purchase paid-up whole life insurance. The effective date of this option shall be the monthly Deduction Day on or next following the date We receive Your written request. The maximum amount of paid-up whole life insurance that may be purchased is equal to:

- (a) the Death Benefit Amount of this Policy on the effective date of the change; less
- (b) the Cash Surrender Value of this Policy on the effective date of the change; plus
- (c) the amount applied as the single premium for this option.

The minimum amount of paid-up whole life insurance that may be purchased is \$1,000.

The amount applied as the single premium cannot be greater than the Cash Surrender Value on the effective date of the change. Any Cash Surrender Value in excess of the amount applied as the single premium shall be paid in a lump sum to You. The paid-up whole life option shall not include any additional benefits provided by riders attached to this Policy.

The single premium for the new Policy will be based on Our single premium rates then in effect. However, the single premium rates for the standard premium class will not be greater than the rates shown in the Table of

Guaranteed Single Premium Rates Per \$1,000 of Paid-Up Whole Life. The guaranteed rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender and age last birthday and interest at the Guaranteed Interest Rate shown on the Policy Schedule.

CONTINUATION OF INSURANCE COVERAGE IF AMOUNT OR FREQUENCY OF PREMIUM PAYMENTS IS REDUCED OR IF PREMIUM PAYMENTS ARE DISCONTINUED

If You reduce the amount or frequency of premium payments, or if You discontinue payments of premiums and do not surrender this Policy, We will continue making Monthly Deductions, as long as there is sufficient Cash Surrender Value to make such deductions, until the Maturity Date. During the Guarantee Period, this Policy will remain in force as long as the Monthly Guarantee Premium requirements are met. This Policy will remain in force until the earliest of the following dates:

- (a) The Maturity Date (if there is sufficient Accumulation Value, less policy loans, to make monthly deductions to that date); or
- (b) full surrender of the Policy; or
- (c) the end of the Grace Period; or
- (d) the death of the Insured.

POLICY LOANS

POLICY LOAN

On the first Policy Anniversary, or at any time thereafter while this Policy is in force, You may obtain a Policy Loan on this Policy if it has a Cash Value. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Cash Value minus:

- (a) any existing Loan Balance; and
- (b) any Loan Interest to the next Policy Anniversary or next premium due date, whichever is earlier.

We can defer a Policy Loan for up to six months from the date We receive Your request.

LOAN INTEREST

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

LOAN BALANCE

We will deduct any Loan Balance from any amount payable under this Policy.

REPAYMENT OF LOAN BALANCE

You may repay any part of the Loan Balance at any time while this Policy is in force. A Loan Balance that exists at the end of a Grace Period may not be repaid. (See the Reinstatement provision.) Failure to repay the Loan Balance will not terminate this Policy unless the Loan Balance exceeds the Cash Value.

PREFERRED LOANS

Starting on the tenth Policy Anniversary, this Policy will be eligible for Preferred Loans. The maximum amount eligible for Preferred Loans during a policy year is restricted to policy earnings, defined as:

- (a) the Cash Surrender Value on a Policy Anniversary; less
- (b) the sum of premiums paid in excess of partial surrenders since the Date of Issue.

Interest credited to the amount of the Accumulation Value offset by a Preferred Loan:

- (a) will be at the annual effective rate that is equal to or less than the Policy Loan interest rate; and
- (b) will be at a higher rate than the rate used to credit interest to values offset by any other Policy Loan.

SETTLEMENT OPTIONS

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

We guarantee interest under these Settlement Options at the rate of 2% per year. The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years.

The amount of guaranteed income per \$1,000 applied to purchase the Settlement Option will be furnished upon request.

OPTION ONE - PAYMENTS OF INTEREST ONLY

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

OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT

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

OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least 5 years and not more than 30 years.

OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD

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

OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE

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

PERIODIC PAYMENTS

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

ELECTION OF OPTIONS

Settlement Options may be elected or changed:

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

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

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

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

LIMITATIONS

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

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

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

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

DEATH OF PAYEE

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

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

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

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GENERAL PROVISIONS

CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the basic Policy;
- (b) the riders that add benefits to the basic Policy, if any;
- (c) endorsements, if any; and
- (d) the attached copy of Your application, and any amendments or supplemental applications.

DATE OF ISSUE

The Date of Issue of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, policy years, Policy Anniversaries, and Monthly Deduction dates are determined.

ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing at Our Home Office. We will not be responsible for the validity of any assignment.

INCONTESTABILITY

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

Except as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.

If this Policy is reinstated, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for the two year period following the date of increase or reinstatement only on the basis of the information furnished in the application for such reinstatement or increase.

This two-year limitation does not apply to any disability or accidental death benefit, or to the nonpayment of premium.

SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any policy loans and less any partial cash surrenders paid.

If there are any increases in the Specified Amount (see the section entitled "Changing Your Insurance Policy") a new two year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase.

AGE AND GENDER INCORRECTLY STATED

The Insured's Age and gender on the Date of Issue are shown in the Policy Data on Page 1. If the Age or gender of the Insured is incorrectly stated, We will adjust the Death Benefit Amount. The adjusted Death Benefit Amount will be the amount that would have been purchased by the most recent Monthly Deduction at the Insured's correct attained Age and gender.

STATUTORY BASIS OF POLICY VALUES

Cash Values, Guaranteed Costs of Insurance Rates and net single premiums are based on the Mortality Table shown in the Policy Schedule for the appropriate gender and age last birthday. Continuous functions are used with interest at the Guaranteed Interest Rate shown on the Policy Schedule.

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

NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

ANNUAL REPORT

We will send You at least once a year, without charge, an annual report which shows the following:

- (a) premiums paid;
- (b) expense charges deducted;
- (c) interest credited to Your Accumulation Value;
- (d) the cost of insurance deducted;
- (e) partial surrender benefits paid to You;
- (f) the amount of any outstanding policy loan;
- (g) the current Cash Surrender and Accumulation Values.

GENERAL PROVISIONS

(Continued)

ILLUSTRATIVE REPORT

At any time while this Policy is in force, the Owner may request from Us an illustration of contract values. The values will be based on both guaranteed and then current assumptions. A reasonable fee, not to exceed \$50.00, may be charged for additional reports requested in a policy year.

WHEN THIS POLICY TERMINATES

This Policy will terminate if:

- (a) You request that this Policy be terminated;
- (b) the Insured dies;
- (c) the Policy matures;
- (d) the Grace Period ends; and
 - (1) there is not sufficient Cash Surrender Value to cover a Monthly Deduction; or
 - (2) the necessary Monthly Guarantee Premiums to keep the Policy in force have not been paid.

REINSTATEMENT

We will reinstate this Policy at any time within five years after the end of the Grace Period and before the Maturity Date. To reinstate this Policy, You must:

- (a) present evidence of insurability for the Insured satisfactory to Us;
- (b) pay any Monthly Guarantee Premiums unpaid since the Due Date prior to termination and during any Monthly Guarantee Premium Period;
- (c) pay enough premium to keep the Policy in force for two months; and
- (d) repay or reinstate any Loan Balance outstanding at the time of termination, including any loan interest.

The Accumulation Value at the time of reinstatement will be:

- (a) the Accumulation Value at the lapse date; plus
- (b) the premiums, less any applicable Premium Payment Charges, paid at the time of reinstatement; less
- (c) an amount which is calculated as the difference in (1) and (2), where:
 - (1) is the Surrender Charge on the later of
 - (i) the lapse date, or
 - (ii) the end of the Monthly Guarantee Premium Period which, if any, was applicable on the lapse date; and
 - (2) is the Surrender Charge on the reinstatement date.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to the rider.

RIGHTS RESERVED BY US

Upon notice to You, this Policy, or a request by You to change this Policy, may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this Policy as life insurance under Section 7702 of the Internal Revenue Code.

When required by law, We will obtain Your approval of changes and We will gain approval from any appropriate regulatory authority.

**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.

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	NO TOBACCO	NO TOBACCO	
0	\$196.31	40	\$488.27	\$439.86	80	\$872.09	\$853.83	
1	200.15	41	497.76	448.90	81	879.27	862.36	
2	204.28	42	507.36	458.09	82	886.13	870.54	
3	208.61	43	517.04	467.41	83	892.72	878.38	
4	213.11	44	526.79	476.86	84	899.08	885.89	
5	217.74	45	536.58	486.43	85	905.14	893.03	
6	222.47	46	546.43	496.11	86	910.82	899.77	
7	227.31	47	556.35	505.93	87	916.11	906.07	
8	232.25	48	566.38	515.89	88	920.97	911.93	
9	237.30	49	576.57	526.04	89	925.42	917.33	
10	242.47	50	586.90	536.36	90	929.45	922.28	
11	247.74	51	597.34	546.82	91	933.16	926.85	
12	253.10	52	607.83	557.42	92	936.65	931.15	
13	258.54	53	618.34	568.12	93	939.94	935.18	
14	264.06	54	628.84	578.91	94	943.04	938.92	
15	269.61	55	639.27	589.75	95	945.91	942.36	
16	275.19	56	649.62	600.63	96	948.57	945.57	
17	280.82	57	659.92	611.55	97	951.10	948.62	
18	286.49	58	670.21	622.54	98	953.49	951.49	
19	292.25	59	680.52	633.62	99	955.71	954.16	
ATTAINED AGE	NO TOBACCO	NO TOBACCO						
20	330.25	\$292.79	60	690.83	644.76	100	957.69	956.54
21	336.81	298.70	61	701.06	655.92	101	959.48	958.70
22	343.48	304.75	62	711.16	667.05	102	961.27	960.81
23	350.26	310.95	63	721.06	678.13	103	963.07	962.87
24	357.16	317.28	64	730.76	689.12	104	964.94	964.86
25	364.18	323.75	65	740.30	700.05	105	966.86	966.79
26	371.30	330.35	66	749.71	710.93	106	968.73	968.67
27	378.54	337.08	67	759.06	721.78	107	970.54	970.49
28	385.93	343.96	68	768.38	732.62	108	972.30	972.25
29	393.49	351.01	69	777.70	743.45	109	974.00	973.96
30	401.24	358.24	70	787.00	754.26	110	975.64	975.61
31	409.18	365.64	71	796.26	765.01	111	977.23	977.20
32	417.31	373.22	72	805.39	775.63	112	978.76	978.74
33	425.62	380.98	73	814.33	786.06	113	980.23	980.22
34	434.10	388.89	74	823.13	796.33	114	981.65	981.64
35	442.75	396.99	75	831.80	806.44	115	983.01	983.00
36	451.57	405.24	76	840.32	816.40	116	984.32	984.31
37	460.53	413.66	77	848.66	826.17	117	985.57	985.57
38	469.64	422.24	78	856.77	835.70	118	986.77	986.76
39	478.89	430.97	79	864.59	844.93	119	987.91	987.90
						120	988.96	988.96

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

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 - [\$207.00]
Planned Periodic Premium - [\$207.00]
Due Date (for Planned Periodic Premium) - [1st Day of Each April]
Deduction Day - [1st] Day of Each Month

Monthly Benchmark Premium - [\$17.25]
Monthly Guarantee Premium - [\$17.25]
Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage -	10.0%	[10.0%]
Monthly Administration Fee -	\$7.50	[\$7.50]

Monthly Expense Charge - [\$10.80]
Monthly Expense Charge Duration - [To Maturity Date]

Increases and Decreases in Specified Amount

Minimum Specified Amount - [\$15,000]
Minimum Increase Amount - \$5,000

POLICY SCHEDULE

(Continued)

Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage

Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000
[35	\$1.03	52	\$1.67	69	\$1.65
36	1.06	53	1.73	70	1.64
37	1.08	54	1.78	71	1.64
38	1.11	55	1.84	72	1.63
39	1.14	56	1.82	73	1.63
40	1.17	57	1.81	74	1.62
41	1.20	58	1.79	75	1.62
42	1.24	59	1.78	76	1.62
43	1.27	60	1.76	77	1.61
44	1.31	61	1.75	78	1.61
45	1.35	62	1.73	79	1.60
46	1.39	63	1.72	80	1.59
47	1.43	64	1.70	81	1.57
48	1.47	65	1.69	82	1.54
49	1.52	66	1.68	83	1.50
50	1.57	67	1.67	84	1.42
51	1.62	68	1.66	85	1.32]

The above charges apply to each \$1,000 in increase of Specified Amount. The Maximum Expense Charge for Increasing Specified Amount will be equal to the rate shown above for Attained Age, multiplied by the number of thousands of increase in Specified Amount.

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges Per \$1,000 of Coverage

Year of Surrender	Surrender Charge Per \$1,000	Year of Surrender	Surrender Charge Per \$1,000
1	[\$21.62]	11	[\$19.46]
2	[21.62]	12	[17.30]
3	[21.62]	13	[15.13]
4	[21.62]	14	[12.97]
5	[21.62]	15	[10.81]
6	[21.62]	16	[8.65]
7	[21.62]	17	[6.49]
8	[21.62]	18	[4.32]
9	[21.62]	19	[2.16]
10	[21.62]	20+	0.00

The above charges apply to each \$1,000 of Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Specified Amount will be equal to the rate shown above multiplied by the number of thousands of Specified Amount being surrendered. 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 Tables.

Guaranteed Interest and Current Interest Bonus Rates

Guaranteed Interest Rate - 0.18559% per month, compounded monthly.
(This is equivalent to 2.25% per year, compounded annually.)

Current Interest Bonus Years - 5th and 10th Policy Anniversaries

Current Interest Bonus Rate - **Current Interest Bonus Year 5**
[0.25%] per year

Current Interest Bonus Year 10
[Additional 0.25%] per year

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 rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by us will be credited to the amount of any outstanding Preferred Loan Balance.

Loan Interest

Annual policy loan interest rate: 8.00%

Maturity Date

[April 1, 2094]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium;
- (b) subsequent premiums are insufficient; or
- (c) we change the Cost of Insurance rates, interest rates, the Net Premium percentage, or the Monthly Administration Fee.

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 - [\$402.00]
Planned Periodic Premium - [\$402.00]
Due Date (for Planned Periodic Premium) - [1st Day of Each April]
Deduction Day - [1st] Day of Each Month

Monthly Benchmark Premium - [\$33.50]
Monthly Guarantee Premium - [\$33.50]
Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage -	7.5%	[6.0%]
Monthly Administration Fee -	\$7.50	[\$6.25]

Monthly Expense Charge - [\$36.00]
Monthly Expense Charge Duration - [10 Years]

Increases and Decreases in Specified Amount

Minimum Specified Amount - [\$50,000]
Minimum Increase Amount - \$10,000

POLICY SCHEDULE

(Continued)

Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage

Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000
[35	\$1.03	52	\$1.67	69	\$1.65
36	1.06	53	1.73	70	1.64
37	1.08	54	1.78	71	1.64
38	1.11	55	1.84	72	1.63
39	1.14	56	1.82	73	1.63
40	1.17	57	1.81	74	1.62
41	1.20	58	1.79	75	1.62
42	1.24	59	1.78	76	1.62
43	1.27	60	1.76	77	1.61
44	1.31	61	1.75	78	1.61
45	1.35	62	1.73	79	1.60
46	1.39	63	1.72	80	1.59
47	1.43	64	1.70	81	1.57
48	1.47	65	1.69	82	1.54
49	1.52	66	1.68	83	1.50
50	1.57	67	1.67	84	1.42
51	1.62	68	1.66	85	1.32]

The above charges apply to each \$1,000 in increase of Specified Amount. The Maximum Expense Charge for Increasing Specified Amount will be equal to the rate shown above for Attained Age, multiplied by the number of thousands of increase in Specified Amount.

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges Per \$1,000 of Coverage

Year of Surrender	Surrender Charge Per \$1,000	Year of Surrender	Surrender Charge Per \$1,000
1	[\$21.62]	11	[\$19.46]
2	[21.62]	12	[17.30]
3	[21.62]	13	[15.13]
4	[21.62]	14	[12.97]
5	[21.62]	15	[10.81]
6	[21.62]	16	[8.65]
7	[21.62]	17	[6.49]
8	[21.62]	18	[4.32]
9	[21.62]	19	[2.16]
10	[21.62]	20+	0.00

The above charges apply to each \$1,000 of Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Specified Amount will be equal to the rate shown above multiplied by the number of thousands of Specified Amount being surrendered. 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 Tables.

Guaranteed Interest and Current Interest Bonus Rates

Guaranteed Interest Rate - Policy Years 1-7
0.40741% per month, compounded monthly
(This is equivalent to 5.00% per year, compounded annually.)

Policy Years 8 and Thereafter
0.18559% per month, compounded monthly
(This is equivalent to 2.25% per year, compounded annually.)

Current Interest Bonus Years - 5th and 10th Policy Anniversaries

Current Interest Bonus Rate - **Current Interest Bonus Year 5**
[0.25%] per year

Current Interest Bonus Year 10
[Additional 0.25%] per year

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 rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by us will be credited to the amount of any outstanding Preferred Loan Balance.

Loan Interest

Annual policy loan interest rate: 8.00%

Maturity Date

[April 1, 2094]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium;
- (b) subsequent premiums are insufficient; or
- (c) we change the Cost of Insurance rates, interest rates, the Net Premium percentage, or the Monthly Administration Fee.

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 - [\$720.00]
Planned Periodic Premium - [\$720.00]
Due Date (for Planned Periodic Premium) - [1st Day of Each April]
Deduction Day - [1st]Day of Each Month

Monthly Benchmark Premium - [\$60.00]
Monthly Guarantee Premium - [\$60.00]
Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage -	7.5%	[6.0%]
Monthly Administration Fee -	\$7.50	[\$6.25]

Monthly Expense Charge - [\$72.00]
Monthly Expense Charge Duration - [10 Years]

Increases and Decreases in Specified Amount

Minimum Specified Amount - [\$100,000]
Minimum Increase Amount - \$25,000

POLICY SCHEDULE

(Continued)

Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage

Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000
[35	\$1.03	52	\$1.67	69	\$1.65
36	1.06	53	1.73	70	1.64
37	1.08	54	1.78	71	1.64
38	1.11	55	1.84	72	1.63
39	1.14	56	1.82	73	1.63
40	1.17	57	1.81	74	1.62
41	1.20	58	1.79	75	1.62
42	1.24	59	1.78	76	1.62
43	1.27	60	1.76	77	1.61
44	1.31	61	1.75	78	1.61
45	1.35	62	1.73	79	1.60
46	1.39	63	1.72	80	1.59
47	1.43	64	1.70	81	1.57
48	1.47	65	1.69	82	1.54
49	1.52	66	1.68	83	1.50
50	1.57	67	1.67	84	1.42
51	1.62	68	1.66	85	1.32]

The above charges apply to each \$1,000 in increase of Specified Amount. The Maximum Expense Charge for Increasing Specified Amount will be equal to the rate shown above for Attained Age, multiplied by the number of thousands of increase in Specified Amount.

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges Per \$1,000 of Coverage

Year of Surrender	Surrender Charge Per \$1,000	Year of Surrender	Surrender Charge Per \$1,000
[1	[\$21.62]	11	[\$19.46]
2	[21.62]	12	[17.30]
3	[21.62]	13	[15.13]
4	[21.62]	14	[12.97]
5	[21.62]	15	[10.81]
6	[21.62]	16	[8.65]
7	[21.62]	17	[6.49]
8	[21.62]	18	[4.32]
9	[21.62]	19	[2.16]
10	[21.62]	20+	0.00

The above charges apply to each \$1,000 of Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Specified Amount will be equal to the rate shown above multiplied by the number of thousands of Specified Amount being surrendered. 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 Tables.

Guaranteed Interest and Current Interest Bonus Rates

Guaranteed Interest Rate - Policy Years 1-7

0.40741% per month, compounded monthly

(This is equivalent to 5.00% per year, compounded annually.)

Policy Years 8 and Thereafter

0.18559% per month, compounded monthly

(This is equivalent to 2.25% per year, compounded annually.)

Current Interest Bonus Years - 5th and 10th Policy Anniversaries

Current Interest Bonus Rate - Current Interest Bonus Year 5
[0.25%] per year

Current Interest Bonus Year 10
[Additional 0.25%] per year

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 rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by us will be credited to the amount of any outstanding Preferred Loan Balance.

Loan Interest

Annual policy loan interest rate: 8.00%

Maturity Date

[April 1, 2094]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium;
- (b) subsequent premiums are insufficient; or
- (c) we change the Cost of Insurance rates, interest rates, the Net Premium percentage, or the Monthly Administration Fee.

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

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	NO TOBACCO	NO TOBACCO	
0	\$196.31	40	\$488.27	\$439.86	80	\$872.09	\$853.83	
1	200.15	41	497.76	448.90	81	879.27	862.36	
2	204.28	42	507.36	458.09	82	886.13	870.54	
3	208.61	43	517.04	467.41	83	892.72	878.38	
4	213.11	44	526.79	476.86	84	899.08	885.89	
5	217.74	45	536.58	486.43	85	905.14	893.03	
6	222.47	46	546.43	496.11	86	910.82	899.77	
7	227.31	47	556.35	505.93	87	916.11	906.07	
8	232.25	48	566.38	515.89	88	920.97	911.93	
9	237.30	49	576.57	526.04	89	925.42	917.33	
10	242.47	50	586.90	536.36	90	929.45	922.28	
11	247.74	51	597.34	546.82	91	933.16	926.85	
12	253.10	52	607.83	557.42	92	936.65	931.15	
13	258.54	53	618.34	568.12	93	939.94	935.18	
14	264.06	54	628.84	578.91	94	943.04	938.92	
15	269.61	55	639.27	589.75	95	945.91	942.36	
16	275.19	56	649.62	600.63	96	948.57	945.57	
17	280.82	57	659.92	611.55	97	951.10	948.62	
18	286.49	58	670.21	622.54	98	953.49	951.49	
19	292.25	59	680.52	633.62	99	955.71	954.16	
ATTAINED AGE	NO TOBACCO	NO TOBACCO						
20	330.25	\$292.79	60	690.83	644.76	100	957.69	956.54
21	336.81	298.70	61	701.06	655.92	101	959.48	958.70
22	343.48	304.75	62	711.16	667.05	102	961.27	960.81
23	350.26	310.95	63	721.06	678.13	103	963.07	962.87
24	357.16	317.28	64	730.76	689.12	104	964.94	964.86
25	364.18	323.75	65	740.30	700.05	105	966.86	966.79
26	371.30	330.35	66	749.71	710.93	106	968.73	968.67
27	378.54	337.08	67	759.06	721.78	107	970.54	970.49
28	385.93	343.96	68	768.38	732.62	108	972.30	972.25
29	393.49	351.01	69	777.70	743.45	109	974.00	973.96
30	401.24	358.24	70	787.00	754.26	110	975.64	975.61
31	409.18	365.64	71	796.26	765.01	111	977.23	977.20
32	417.31	373.22	72	805.39	775.63	112	978.76	978.74
33	425.62	380.98	73	814.33	786.06	113	980.23	980.22
34	434.10	388.89	74	823.13	796.33	114	981.65	981.64
35	442.75	396.99	75	831.80	806.44	115	983.01	983.00
36	451.57	405.24	76	840.32	816.40	116	984.32	984.31
37	460.53	413.66	77	848.66	826.17	117	985.57	985.57
38	469.64	422.24	78	856.77	835.70	118	986.77	986.76
39	478.89	430.97	79	864.59	844.93	119	987.91	987.90
						120	988.96	988.96

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	
0	\$163.27	40	\$407.43	\$366.29	80	\$774.50	\$750.29	
1	166.39	41	415.52	373.90	81	784.04	761.02	
2	169.78	42	423.70	381.63	82	793.43	771.62	
3	173.36	43	431.96	389.49	83	802.77	782.13	
4	177.10	44	440.28	397.45	84	812.08	792.55	
5	180.95	45	448.64	405.52	85	821.25	802.80	
6	184.88	46	457.04	413.68	86	830.08	812.76	
7	188.90	47	465.51	421.95	87	838.49	822.36	
8	193.02	48	474.10	430.37	88	846.40	831.49	
9	197.24	49	482.89	438.97	89	853.76	840.11	
10	201.56	50	491.85	447.74	90	860.54	848.18	
11	205.98	51	500.97	456.68	91	866.87	855.80	
12	210.48	52	510.19	465.76	92	872.95	863.11	
13	215.05	53	519.48	474.96	93	878.78	870.10	
14	219.69	54	528.79	484.27	94	884.36	876.72	
15	224.36	55	538.08	493.65	95	889.60	882.92	
16	229.04	56	547.32	503.08	96	894.51	888.77	
17	233.74	57	556.56	512.58	97	899.26	894.44	
18	238.47	58	565.86	522.20	98	903.79	899.86	
19	243.26	59	575.29	531.96	99	908.04	904.95	
ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	TOBACCO	NO TOBACCO	
20	275.05	243.69	60	584.83	541.84	100	911.84	909.54
21	280.54	248.60	61	594.39	551.82	101	915.30	913.72
22	286.12	253.63	62	603.88	561.82	102	918.78	917.85
23	291.79	258.78	63	613.21	571.81	103	922.34	921.91
24	297.55	264.05	64	622.38	581.78	104	926.06	925.89
25	303.41	269.43	65	631.41	591.73	105	929.92	929.77
26	309.35	274.92	66	640.38	601.70	106	933.71	933.58
27	315.37	280.51	67	649.38	611.74	107	937.40	937.29
28	321.51	286.22	68	658.47	621.88	108	941.01	940.91
29	327.79	292.07	69	667.72	632.17	109	944.52	944.44
30	334.24	298.08	70	677.13	642.61	110	947.92	947.86
31	340.87	304.23	71	686.68	653.17	111	951.23	951.17
32	347.66	310.55	72	696.28	663.77	112	954.43	954.38
33	354.61	317.01	73	705.84	674.36	113	957.51	957.48
34	361.72	323.62	74	715.49	684.99	114	960.49	960.47
35	368.98	330.38	75	725.24	695.71	115	963.37	963.35
36	376.39	337.27	76	735.08	706.55	116	966.13	966.11
37	383.95	344.32	77	745.02	717.50	117	968.78	968.77
38	391.64	351.50	78	754.96	728.49	118	971.33	971.32
39	399.47	358.82	79	764.80	739.43	119	973.75	973.75
						120	976.00	976.00

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.

**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	\$0.03	40	\$ 0.18	80	\$ 6.10
1	0.02	41	0.19	81	6.76
2	0.01	42	0.21	82	7.46
3	0.01	43	0.22	83	8.17
4	0.01	44	0.24	84	8.92
5	0.01	45	0.27	85	9.62
6	0.01	46	0.30	86	10.44
7	0.01	47	0.33	87	11.46
8	0.01	48	0.37	88	12.50
9	0.01	49	0.42	89	13.47
10	0.01	50	0.47	90	14.02
11	0.02	51	0.53	91	14.48
12	0.02	52	0.59	92	15.47
13	0.02	53	0.65	93	16.90
14	0.02	54	0.72	94	18.94
15	0.03	55	0.79	95	21.42
16	0.03	56	0.87	96	23.86
17	0.03	57	0.95	97	25.34
18	0.03	58	1.03	98	25.94
19	0.03	59	1.12	99	27.58
20	0.04	60	1.21	100	29.86
21	0.05	61	1.31	101	32.39
22	0.05	62	1.42	102	35.24
23	0.05	63	1.53	103	38.43
24	0.06	64	1.65	104	42.28
25	0.06	65	1.77	105	46.95
26	0.07	66	1.91	106	52.04
27	0.07	67	2.07	107	57.56
28	0.07	68	2.23	108	63.58
29	0.08	69	2.42	109	70.31
30	0.08	70	2.63	110	77.66
31	0.09	71	2.87	111	83.33
32	0.10	72	3.13	112	83.33
33	0.11	73	3.41	113	83.33
34	0.12	74	3.71	114	83.33
35	0.13	75	4.02	115	83.33
36	0.14	76	4.36	116	83.33
37	0.15	77	4.73	117	83.33
38	0.16	78	5.13	118	83.33
39	0.17	79	5.56	119	83.33
				120	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of 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.

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	NO TOBACCO	NO TOBACCO	
0	\$178.49	40	\$462.13	\$409.03	80	\$844.00	\$812.04	
1	182.16	41	471.35	417.51	81	851.77	821.79	
2	186.00	42	480.71	426.14	82	859.10	831.21	
3	190.00	43	490.21	434.92	83	866.04	840.30	
4	194.11	44	499.84	443.85	84	872.63	849.10	
5	198.32	45	509.58	452.92	85	878.87	857.59	
6	202.64	46	519.44	462.12	86	884.94	865.84	
7	207.05	47	529.38	471.46	87	890.73	873.76	
8	211.54	48	539.38	480.91	88	896.04	881.17	
9	216.13	49	549.42	490.48	89	900.91	888.10	
10	220.83	50	559.48	500.15	90	905.50	894.65	
11	225.62	51	569.55	509.92	91	910.35	901.25	
12	230.50	52	579.62	519.77	92	915.70	908.07	
13	235.48	53	589.68	529.71	93	921.14	914.73	
14	240.54	54	599.72	539.71	94	926.41	920.91	
15	245.69	55	609.74	549.80	95	931.10	926.34	
16	250.95	56	619.73	559.95	96	934.91	930.89	
17	256.30	57	629.68	570.14	97	937.87	934.59	
18	261.76	58	639.62	580.40	98	940.68	938.12	
19	267.32	59	649.53	590.71	99	944.08	942.15	
ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	NO TOBACCO	NO TOBACCO
20	306.97	269.37	60	659.42	601.08	100	947.60	946.21
21	313.46	275.10	61	669.29	611.52	101	951.02	950.10
22	320.08	280.95	62	679.14	622.03	102	954.33	953.82
23	326.83	286.92	63	688.95	632.59	103	957.56	957.35
24	333.71	293.03	64	698.76	643.21	104	960.72	960.65
25	340.73	299.27	65	708.55	653.89	105	963.76	963.70
26	347.88	305.64	66	718.31	664.61	106	966.52	966.47
27	355.15	312.14	67	728.04	675.36	107	969.03	968.99
28	362.57	318.76	68	737.71	686.14	108	971.32	971.29
29	370.11	325.53	69	747.32	696.93	109	973.43	973.40
30	377.80	332.42	70	756.85	707.72	110	975.32	975.30
31	385.63	339.46	71	766.25	718.48	111	977.00	976.98
32	393.60	346.63	72	775.52	729.20	112	978.52	978.51
33	401.71	353.94	73	784.62	739.87	113	980.00	979.99
34	409.94	361.39	74	793.55	750.47	114	981.56	981.55
35	418.30	368.98	75	802.32	760.98	115	982.93	982.92
36	426.79	376.70	76	810.95	771.41	116	984.24	984.24
37	435.40	384.55	77	819.44	781.74	117	985.49	985.48
38	444.16	392.56	78	827.77	791.95	118	986.57	986.57
39	453.07	400.72	79	835.96	802.05	119	987.63	987.63
						120	988.96	988.96

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.

**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	\$0.03	40	\$ 0.18	80	\$ 6.10
1	0.02	41	0.19	81	6.76
2	0.01	42	0.21	82	7.46
3	0.01	43	0.22	83	8.17
4	0.01	44	0.24	84	8.92
5	0.01	45	0.27	85	9.62
6	0.01	46	0.30	86	10.44
7	0.01	47	0.33	87	11.46
8	0.01	48	0.37	88	12.50
9	0.01	49	0.42	89	13.47
10	0.01	50	0.47	90	14.02
11	0.02	51	0.53	91	14.48
12	0.02	52	0.59	92	15.47
13	0.02	53	0.65	93	16.90
14	0.02	54	0.72	94	18.94
15	0.03	55	0.79	95	21.42
16	0.03	56	0.87	96	23.86
17	0.03	57	0.95	97	25.34
18	0.03	58	1.03	98	25.94
19	0.03	59	1.12	99	27.58
20	0.04	60	1.21	100	29.86
21	0.05	61	1.31	101	32.39
22	0.05	62	1.42	102	35.24
23	0.05	63	1.53	103	38.43
24	0.06	64	1.65	104	42.28
25	0.06	65	1.77	105	46.95
26	0.07	66	1.91	106	52.04
27	0.07	67	2.07	107	57.56
28	0.07	68	2.23	108	63.58
29	0.08	69	2.42	109	70.31
30	0.08	70	2.63	110	77.66
31	0.09	71	2.87	111	83.33
32	0.10	72	3.13	112	83.33
33	0.11	73	3.41	113	83.33
34	0.12	74	3.71	114	83.33
35	0.13	75	4.02	115	83.33
36	0.14	76	4.36	116	83.33
37	0.15	77	4.73	117	83.33
38	0.16	78	5.13	118	83.33
39	0.17	79	5.56	119	83.33
				120	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of 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.

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	
0	\$148.39	40	\$385.19	\$340.47	80	\$740.73	\$702.16	
1	151.41	41	392.96	347.57	81	750.24	713.01	
2	154.58	42	400.88	354.80	82	759.40	723.72	
3	157.89	43	408.93	362.18	83	768.24	734.32	
4	161.31	44	417.12	369.69	84	776.81	744.88	
5	164.81	45	425.44	377.34	85	785.09	755.34	
6	168.40	46	433.88	385.11	86	793.28	765.78	
7	172.07	47	442.43	393.01	87	801.22	776.07	
8	175.80	48	451.06	401.02	88	808.53	785.88	
9	179.63	49	459.75	409.14	89	815.25	795.26	
10	183.54	50	468.49	417.36	90	821.66	804.36	
11	187.54	51	477.26	425.69	91	828.85	814.04	
12	191.61	52	486.06	434.11	92	837.31	824.64	
13	195.76	53	494.87	442.61	93	846.28	835.39	
14	199.97	54	503.70	451.18	94	855.21	845.63	
15	204.26	55	512.52	459.85	95	863.27	854.75	
16	208.64	56	521.35	468.57	96	869.81	862.45	
17	213.10	57	530.16	477.36	97	874.79	868.66	
18	217.64	58	538.99	486.21	98	879.56	874.68	
19	222.27	59	547.83	495.12	99	885.65	881.90	
ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	TOBACCO	NO TOBACCO	
20	\$255.29	\$223.97	60	556.69	504.11	100	892.14	889.40
21	260.70	228.73	61	565.57	513.19	101	898.57	896.74
22	266.22	233.60	62	574.47	522.35	102	904.92	903.89
23	271.85	238.57	63	583.40	531.60	103	911.20	910.78
24	277.60	243.65	64	592.38	540.95	104	917.47	917.33
25	283.46	248.85	65	601.41	550.39	105	923.56	923.44
26	289.42	254.16	66	610.52	559.93	106	929.15	929.04
27	295.50	259.57	67	619.69	569.56	107	934.27	934.19
28	301.69	265.09	68	628.91	579.29	108	938.99	938.91
29	308.01	270.73	69	638.19	589.10	109	943.33	943.27
30	314.44	276.48	70	647.51	599.01	110	947.26	947.21
31	321.00	282.35	71	656.84	608.99	111	950.76	950.72
32	327.67	288.33	72	666.13	619.02	112	953.93	953.90
33	334.47	294.44	73	675.38	629.11	113	957.02	957.00
34	341.38	300.66	74	684.59	639.26	114	960.29	960.27
35	348.39	307.00	75	693.78	649.48	115	963.20	963.18
36	355.50	313.44	76	703.01	659.78	116	965.97	965.95
37	362.72	320.00	77	712.30	670.18	117	968.61	968.60
38	370.07	326.69	78	721.66	680.69	118	970.92	970.91
39	377.56	333.51	79	731.14	691.34	119	973.17	973.16
						120	976.00	976.00

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.

SERFF Tracking Number: AMGN-125596010 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 38660
Company Tracking Number: AGLA 08174
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life
Product Name: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/AGLA 08174

Supporting Document Schedules

Review Status: 04/05/2008

Satisfied -Name: Certification/Notice
Comments:
Attachments:
87-1.pdf
AGL120Z49REV0807.pdf
ARCERT1.pdf
ARCERT5.pdf

Review Status: 04/05/2008

Satisfied -Name: Application
Comments:
This application was previously approved by your department on 04/07/2005.
Attachment:
1000-1LQ AR UL.pdf

Review Status: 04/05/2008

Bypassed -Name: Health - Actuarial Justification
Bypass Reason: Not applicable to this filing.
Comments:

Review Status: 04/05/2008

Bypassed -Name: Outline of Coverage
Bypass Reason: Not applicable to this filing.
Comments:

Review Status: 04/05/2008

Satisfied -Name: Actuarial Memorandum
Comments:
Attachment:

SERFF Tracking Number: AMGN-125596010 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 38660
Company
Company Tracking Number: AGLA 08174
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Life Insurance Policy/AGLA 08174

Review Status:

Satisfied -Name: Statement of Variability 04/08/2008

Comments:

Attachment:

StmtofVariability.pdf

Review Status:

Satisfied -Name: Application 04/11/2008

Comments:

The attached application was previously approved by your department on 4/07/05 and will be used to apply for the policy form submitted for approval.

Attachment:

AGLA1000-1LQ.pdf

Review Status:

Satisfied -Name: Arkansas Certification 05/05/2008

Comments:

Attachment:

ARCERT4.pdf

Review Status:

Satisfied -Name: Arkansas Certification 05/05/2008

Comments:

Attachment:

ARCERT4 for AGLA 08174.pdf

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

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

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

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

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

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

DISCLAIMER

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

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

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

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

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

(please turn to back of page)

LIMITS ON AMOUNT OF COVERAGE

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

American General Life and Accident Insurance Company

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

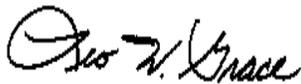


AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy

This is to certify that, to the best of my knowledge and belief, the subject form has achieved a Flesch Ease Score of 53.3 and complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace
Vice President

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

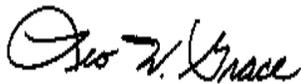
DATE: April 7, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy

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

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

Leo W. Grace
Vice President

DATE: April 7, 2008

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

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

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

c. Social Security No. 111-22-3333

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

d. Marital Status: Single Married Widowed Divorced

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

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

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

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

j. Current Employer Joe's Garage k. Job Duties _____

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

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

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

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

If "No," please explain why. _____

2. a. Plan Name Universal Life Amount \$ 15,000 UL Death Benefit Option A Option B

b. Benefits & Riders

Waiver Rider AD

LTR \$ _____ Amt CTR \$ _____ Amt

SLTR \$ _____ Amt AIR \$ _____ Amt

AIO TIR

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

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

Other _____ \$ _____ Amt

Other _____ \$ _____ Amt

3. a. Premium \$ 207.00

b. Payment Mode: A S Q M
 Other _____

Automatic Bank Check

Payroll Deduction

AG Payroll Deduction (AGLA employees only)

Add to existing ABC account, policy no. _____

Add to existing PD account no. _____

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

Answer the following question if premium mode is payroll deduction.

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

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

Social Security No. _____ Relationship to Primary Proposed Insured _____

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

Social Security No. _____ Relationship to Primary Proposed Insured _____

REMARKS

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

7. Additional Proposed Insured (If coverage applied for)

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

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

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

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

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

j. Current Employer _____ k. Job Duties _____

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

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

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

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

If "No," please explain why. _____

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

Full Name	Age	Birth Date			Gender	Relationship (If stepchild, consent required)
		Month	Day	Year		
a. _____						
b. _____						
c. _____						
d. _____						

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

BACKGROUND/HEALTH QUESTIONS

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

OWNER'S CERTIFICATION

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

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

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

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

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

X John Doe 3/21/08
 Signature of Owner Date

Consent to Insurance on Life of Minor Primary Proposed Insured

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

X _____
 Signature of Father, Mother or Legal Guardian Date

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

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

X _____
 Signature of Biological/Adoptive Parent Date

ACKNOWLEDGEMENT - AGREEMENT - AUTHORIZATION - NOTICE

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

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

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

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

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

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

Signed at Little Rock AR 3/21, 2008 X John Doe
 City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

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

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

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY
ACTUARIAL DESCRIPTION OF FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
POLICY

Policy Form AGLA 08174

I. DESCRIPTION OF POLICY CHARACTERISTICS

A. Death Benefits

The policy provides adjustable life insurance coverage on the Insured. Insurance on the life of the Insured is integrated with the accumulation value of the policy. The death benefit will not be less than the accumulation value on the date of death multiplied by the death benefit percentage factors shown in the policy.

B. Cash Values

The accumulation value is an accumulation at interest of

1. net premiums, less charges assessed at the beginning of each policy month equal to
2. the cost of insurance based on the policy net amount at risk and
3. the monthly administration fee whose maximum amount is 7.50 and
4. the monthly expense charge during the monthly expense charge duration

The cash value is equal to the accumulation value less a surrender charge. The surrender charge declines to zero in the twentieth policy year.

On an increase in specified amount, the surrender charge does not increase, and there is a monthly charge for one year following the increase. There is also a new monthly expense charge applied to the increase. The maximum charge for each is 1/24th the first year policy surrender charge at the attained age on the date of increase

On a decrease in specified amount, the surrender charge is decreased proportionately, and the accumulation value is charged with the amount of the decrease.

C. Continuation of Benefits (Nonforfeiture)

Coverage terminates on the earliest of:

- a. The maturity date (anniversary on or after 121st birthday)
- b. Any Monthly Deduction date on which the Cash Value (less loan) is less than the Monthly Deduction, unless the policy is being continued under the Monthly Guarantee Premium (MGP) provision
- c. The monthly deduction day following full surrender
- d. the date of death of the insured

The MGP provision states that the policy will not terminate - even if Cash Value is negative - during the MGP period, as long as total premiums paid are at least as great as the total MGPs plus partial surrenders and loans.

Subject to the preceding termination conditions, for any month in which no premium is received, benefits provided under the policy continue, and the accumulation value will continue to be determined as described in B above. Cost of insurance calculations during such continuation will utilize the same cost of insurance rates as those that would otherwise be used.

If the Specified Amount increases, a new MGP begins on the effective date of the change. If the Specified Amount decreases, the MGP decreases. In either case, the MGP period remains unchanged.

D. Flexibility

At any time after the first policy year, the owner may change the Specified Amount. The Specified Amount may not be decreased below the minimum permitted by Company rules. Evidence of insurability is required for any increase in the Specified Amount.

Flexible premium payments are permitted. An initial premium is payable upon delivery of the policy. Subsequent premiums may be paid at any time and in any amount, subject to company rules and to the MGP provision.

E. Banding

There are 4 insurance amount bands for this product. The band with Specified Amount \$15,000 - \$24,999 is called F15. The band with Specified Amount \$25,000 - \$49,999 is called F25. The bands with Specified Amounts \$50,000 - \$99,999 and \$100,000+ are called F50 and F100, respectively. The differences in guarantees for the various bands are shown below.

<u>Band</u>	<u>Guaranteed % Premium Load</u>	<u>Guaranteed Interest Rates</u>
F15	10%	2.25%, all years
F25	10%	2.25%, all years
F50	7.5%	5% for 7 policy years & 2.25% thereafter*
F100	7.5%	5% for 7 policy years & 2.25% thereafter*

* The 5% rate and 7 year period may be changed from time to time as new policies are issued. However, the interest rate will never be less than 2.25%. If these values are changed, the company will always make appropriate changes to the calculations described in this memorandum and will always check for continued compliance with the Standard Nonforfeiture Law.

This memorandum is written for the John Doe policy in F15 and assumes the monthly expense charge duration is all years.

II. BASIS OF VALUES

A. Interest

The guaranteed minimum interest rate applied in the determination of accumulation value is 5.00% per annum for the first 7 years and 2.25% per annum thereafter. However, the company may apply a higher rate of interest to that portion of the accumulation value in excess of any outstanding policy loan indebtedness.

Because of the retrospective approach used for the calculation of the accumulation value, the use of an increased rate of interest produces a higher accumulation value. Therefore, such use is not in conflict with the maximum interest rate defined in the Standard Nonforfeiture Law.

B. Cost of Insurance

The guaranteed maximum cost of insurance rates applied in the determination of accumulation values for insureds with a Standard rating class are based on the 2001 Commissioners' Standard Ordinary Mortality Table, age last birthday. Separate NAIC tables are used for Male and Female Aggregates for ages less than 20; and for Male Nonsmokers, Male Smokers, Female Nonsmokers and Female Smokers for ages greater than 19.

The guaranteed rates for substandard lives reflect appropriate additions for medical impairments and special hazards.

The company may use cost of insurance rates lower than such guaranteed maximums, thus producing lower costs of insurance and higher accumulation values than those generated by the guaranteed cost of insurance rates. A table of guaranteed cost of insurance rates is attached.

- C. The same basis of values applies whether or not the policy is currently in a premium paying status.
- D. The policy provides for the determination of accumulation values on a monthly basis, using the retrospective approach described in I.B. above. The policy also provides for a cash value, applicable only upon surrender of the policy prior to the maturity date. The cash value provided is the then accumulation value less the surrender charge. The surrender charge declines to zero in the twentieth policy year.

III. POLICY VALUE FORMULAS

The following formulas develop the guaranteed cash values for this policy form:

- t = policy month as measured from original issue date
- i = interest rate applied to cash value for month t. It is the monthly equivalent of a 2.25% annual rate, or $1.0225^{1/12} - 1 = 0.0018559$.
- q = monthly cost of insurance rate for this policy month based on the aforementioned mortality table. $q = (1 - Qcso)^{-1/12} - 1$, except for ages 111-120 (set to 83.33)
- D = Total death benefit at the beginning of month t

- E = Monthly administration charge = \$7.50
- X = Monthly expense charge for month t
- G = Gross premium collected in month t
- N = Net premium in month t
= 0.9 G
- A_{t-1} = Accumulation value on the anniversary date at the end of month t - 1
- A = Beginning Accumulation value for COI calculation = $A_{t-1} + N - E - X$
- C = monthly cost of insurance for month t, calculated as:
= $q(D/(1+i) - A)$
- A_t = accumulation value at end of month t
= $(A - C) (1 + i)$
- S = surrender charge for policy year t
= the per 1,000 amount shown in the contract the number of 1,000's of Specified Amount.
- CV = Cash value at the end of policy month t.
= $A_t - S$

IV. Demonstration of Standard Nonforfeiture Law Compliance

All surrender charges for this product were calculated with a nonforfeiture interest rate of 2.25%, regardless of band.

In order to demonstrate compliance with the Standard Nonforfeiture Law we must demonstrate that the surrender charge is less than the unamortized unused initial expense allowance.

The formula for the SNFL maximum expense allowance is:

$$EA = 0.01 \cdot ELA + 1.25 \cdot \text{Min}\{PNL, 0.04 \cdot ELA\}$$

PNL = Nonforfeiture net level premium = present value of benefits divided by present value of \$1.00 payable annually for duration of the contract.

The formula for the unamortized, unused EA is

$UU = (EA - IAEC)(\ddot{a}_{x+t} / \ddot{a}_x)$ = unamortized unused expense allowance at the end of policy year t.

IAEC = Initial Acquisition Expense Charge = the excess of the expense charges in the first policy year over the averaged administrative expense charges for that year

The actual surrender charges used in this contract are:

Years 1-10 - 100% of the 10th maximum unamortized expense allowance

Years 11-19 – Linear gradation to zero.

Sample Calculation for \$1,000 male smoker age 35

$$PNL = 1000A_{35} / \ddot{a}_{35} = 437.8432 / 25.5469 = 17.1388$$

$$EA = 10 + 1.25(17.1388) = 31.4235$$

IAEC = 0 since all expense charges are level by duration and monthly expense charge duration is all years.

10th Year unamortized expense allowance

$$= (EA - IEAC)(\ddot{a}_{45} / \ddot{a}_{35}) = 31.4235(21.3302 / 25.5469) = 26.24$$

Tabular surrender charge for years 1-10 = 26.24. For years 11-20, the tabular surrender charge = $SC_{10}(20-t)/10$. Since the unamortized EA curve is concave downward, the surrender charges cannot be greater than the unamortized expense allowance.

On an increase in specified amount, since the increase charge is less than or equal to the initial additional Expense Allowance, the additional surrender charge (that is, zero) is less than or equal to any unamortized expense allowance.

Therefore the surrender charge at each duration is less than or equal to the unamortized unused expense allowance, and the cash surrender values are never less than the minimum nonforfeiture values.

V. RESERVES

The statutory reserves are defined by the Standard Valuation Law and by the regulations for Universal Life Insurance which interpret the Standard Valuation Law. The prescribed method for reserves is the Commissioners' Reserve Valuation Method (CRVM).

The reserve interest rate is 4.0%, unless a lower rate is required in a specific state. Mortality is ultimate '01 CSO sex and smoker distinct, with no select factors.

DEFINITION OF TERMS

PVFB = Present value of future guaranteed benefits at issue assuming the future Guaranteed Maturity Premiums are paid.

PVFB_s = Present value of future guaranteed benefits at the end of policy year s. In the case where $r_s = 1$, PVFB_s is less than 1, PVFB_s is generated using Av_s.

AV_s = Accumulation value of policy at the end of policy year s .

GMP = Guaranteed Maturity Premium, which is the level gross premium that will mature the policy based on guarantees at issue.

GMF_s = Guaranteed Maturity Fund at the end of policy year s , which is that fund which when combined with future GMPs will mature the policy based on guarantees at issue.

ELA = Equivalent level death benefit
= $PVFB^1 / A_x$

$$r_s = \min \left\{ \frac{AV_s}{GMF_s}, 1 \right\}$$

$$\bar{P}_{x+1} = \overline{PVFB}_1 / \bar{a}_{x+1}$$

$${}_{19}\bar{P}_{x+1} = ELA \cdot \bar{A}_{x+1} / \bar{a}_{x+1|19}$$

$$\bar{P}_x = \overline{PVFB} / \bar{a}_x, \text{ calculated using continuous functions}$$

If $\bar{P}_{x+1} \leq {}_{19}\bar{P}_{x+1}$ then

$$\bar{B} = \bar{P}_x + (\bar{P}_{x+1} - 1000\bar{c}_x) / \bar{a}_x$$

If $\bar{P}_{x+1} > {}_{19}\bar{P}_{x+1}$ then

$$\bar{B} = \bar{P}_x + ({}_{19}\bar{P}_{x+1} - 1000\bar{c}_x) / \bar{a}_x$$

$${}_s\bar{V} = r_s (\overline{PVFB}_s - \bar{B} \bar{a}_{x+s})$$

Note that if ${}_s\bar{V} < CV_s$, the cash surrender value at the end of policy year s , CV will be held as the reserve.

Sample statutory reserve calculation:

This sample uses a 4.0% reserve interest rate.

Male Issue Age = 35 Smoker

Credited Interest Rate = 2.25%

Values below are per \$1,000 for a policy with \$15,000 Specified Amount

Annual Mode GMP = \$21.65 = assumed premium being paid on the policy in this sample calculation

ELA = \$1,000

$$\begin{aligned}\bar{P}_{36} &= \overline{PVFB} / \bar{a}_{36} \\ &= 261.6977 / 18.8243 \\ &= 13.9021\end{aligned}$$

$$\begin{aligned}_{19}\bar{P}_{36} &= 1000\bar{A}_{36} / \bar{a}_{36:19}| \\ &= 261.6977 / 12.9995 \\ &= 20.1314\end{aligned}$$

$$1000\bar{c}_{35} = 2.0103$$

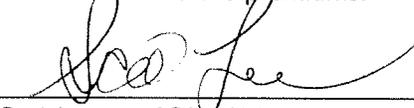
$$\begin{aligned}\bar{P}_{35} &= \overline{PVFB} / \bar{a}_{35} \\ &= 253.1269 / 19.0428 \\ &= 13.2925\end{aligned}$$

$$\begin{aligned}\bar{B}_{35} &= \bar{P}_{35} + (\bar{P}_{36} - 1000\bar{c}_{35}) / \bar{a}_{35} \\ &= 13.2925 + (13.9021 - 2.0103) / 19.0428 \\ &= 13.9170\end{aligned}$$

$$\begin{aligned}_5\bar{V} &= \text{Max} \{ r_5 [\overline{PVFB}_5 - (\bar{B}_{35} \bar{a}_{40})], CV_5 \} \\ &= \text{Max} \{ 1.00000 [298.6602 - (13.9170) (17.8819)], 18.47 \} \\ &= 49.80\end{aligned}$$

Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws and regulations of the state in which it is being filed. In addition, all benefits are reasonable in relation to the premiums.



 Scot Larson, ASA, MAAA

Statement of Variability in Policy Form AGLA 08174

Insured	This field must be variable to reflect the name of the insured. The name is fixed at issue.
Age	This field must be variable to reflect the issue age of the insured. The range of values is from 0 – 85. This amount is fixed at issue.
Gender	This field must be variable to reflect the gender of the insured. The possible values are either Male or Female. The gender is fixed at issue.
Beneficiary	This field must be variable to reflect the name(s) of the beneficiary(ies) chosen by the insured. The beneficiary(ies) is(are) fixed at issue.
Policy Number	This field must be variable to reflect policy number. The policy number is a nine digit number that is fixed at issue.
Date of Issue	This field must be variable to reflect the policy issue date. The range of values is from 04-01-2008 to 12-31-9999. This date is fixed at issue.
Initial Specified Amount	This field must be variable to reflect the specified amount of the policy at issue. The range of values is from \$15,000 - \$20,000,000. This amount is chosen by the policyholder and fixed at issue.
Death Benefit Option	This field must be variable to reflect the death benefit pattern chosen by the insured. The possible values are either A (referring to a level death benefit) or B (referring to a death benefit which varies with the accumulation value). This option is fixed at issue.
Years Payable	This field must be variable to reflect number of years that the policyholder is required to pay premiums. The range of values is from 15 to 121. This value is defined as 121 – Issue Age and is fixed.
Premium Class	<p>This field must be variable to reflect the premium class of the insured. The possible values are as follows:</p> <p style="margin-left: 40px;">Preferred – No Tobacco Standard – No Tobacco Rated <Table> - No Tobacco Standard – Tobacco Rated <Table> - Tobacco</p> <p>Table ratings are available through Table P. The premium class is fixed at issue.</p>
Initial Premium	This field must be variable to reflect the initial premium paid by the policyholder. The value in this field is chosen by the policyholder. The range of values is from \$10 - \$1,000,000. This value is fixed at issue.
Planned Periodic Premium	This field must be variable to reflect the annualized modal premiums the policyholder has chosen to pay. This value is chosen by the policyholder. The range of values is from \$100 - \$10,000,000. This value is fixed as the policyholder's choice.

Due Date	This field must be variable to reflect the due date of premium payments. This value is defined as the same day of a month as the issue date and months according to the payment schedule chosen. The range of values is from the 1 st to the 31 st day. For any issue date/payment interval combination, this value is fixed.
Deduction Day	This field must be variable to reflect the day of the month in which deductions are transacted. This value is defined as the same day of a month as the issue date. The range of values is from the 1 st to the 31 st day of each month. For any issue date, this value is fixed.
Monthly Benchmark Premium	This field must be variable to reflect the monthly benchmark premium to be paid by the policyholder. The factors that determine this value are gender, issue age, premium class, and face amount. The range of values is from \$10 - \$1,000,000. For any factor combination, this value is fixed.
Monthly Guarantee Premium	This field must be variable to reflect the monthly premium to be paid by the policyholder in order to keep the policy in force for the Monthly Guarantee Premium Period without consideration of policy values. The factors that determine this value are gender, issue age, premium class, and face amount. The range of values is from \$10 - \$1,000,000. For any factor combination, this value is fixed.
Initial Premium Expense Charge Percentage	This field must be variable to reflect the percentage of each premium payment that is deducted as an expense charge. The range of values is from 0% to 10%. This percentage may vary over the life of the contract, but will never exceed 10%.
Initial Monthly Administration Fee	This field must be variable to reflect the monthly amount deducted from the fund as an administration fee. The range of values is from \$0 to \$7.50. This amount may vary over the life of the contract, but will never exceed \$7.50.
Monthly Expense Charge	This field must be variable to reflect the expense charge deducted from the fund. The range of values is from \$0 to \$1,800.00. The factors that determine this value are gender, issue age, premium class, and face amount. This amount may vary over the life of the contract, but will never exceed the guaranteed charge for the given factor combination.
Monthly Expense Charge Duration	This field must be variable to reflect the number of years that the Monthly Expense Charge will be deducted from the fund. The factor that determines this value is the Initial Specified Amount. This value is fixed at issue.
Minimum Specified Amount	This field must be variable to reflect the minimum specified amount that a policyholder can have on this contract. The possible values are \$15,000; \$25,000; \$50,000; and \$100,000. This value is determined by the band of the initial specified amount and fixed at issue.
Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage	The values in this table must be variable to reflect the maximum expense charges per \$1,000 of coverage by attained age for increasing the specified amount. The factors that determine these values are gender and age. For any combination of gender and age, these values are fixed.

Surrender Charge Period	This field must be variable to reflect the number of years in which charges are incurred for surrender. This field is set as 19 years, unless the issue age is greater than 80, upon which the field is defined as 99 – Issue Age years. This field is fixed at issue.
Table of Surrender Charges Per \$1,000 of Coverage	The values in this table must be variable to reflect the surrender charges per \$1,000 of coverage by year of surrender. The factors that determine these values are gender and age. For any combination of gender and age, these values are fixed.
Current Interest Bonus Year 5	This field must be variable to reflect the bonus interest that will be credited starting at the 5 th policy anniversary. The range of values is from 0% to 1%. This value is fixed at issue.
Current Interest Bonus Year 10	This field must be variable to reflect the additional bonus interest that will be credited starting at the 10 th policy anniversary. The range of values is from 0% to 1%. This value is fixed at issue.
Maturity Date	This field must be variable to reflect the date on which the policy matures. This date is fixed as the insured's 121 st birthday.

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

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

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

c. Social Security No. 111-22-3333

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

d. Marital Status: Single Married Widowed Divorced

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

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

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

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

j. Current Employer Joe's Garage k. Job Duties _____

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

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

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

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

If "No," please explain why. _____

2. a. Plan Name Universal Life Amount \$ 15,000 UL Death Benefit Option A Option B

b. Benefits & Riders

Waiver Rider AD

LTR \$ _____ Amt CTR \$ _____ Amt

SLTR \$ _____ Amt AIR \$ _____ Amt

AIO TIR

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

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

Other _____ \$ _____ Amt

Other _____ \$ _____ Amt

3. a. Premium \$ 207.00

b. Payment Mode: A S Q M
 Other _____

Automatic Bank Check

Payroll Deduction

AG Payroll Deduction (AGLA employees only)

Add to existing ABC account, policy no. _____

Add to existing PD account no. _____

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

Answer the following question if premium mode is payroll deduction.

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

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

Social Security No. _____ Relationship to Primary Proposed Insured _____

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

Social Security No. _____ Relationship to Primary Proposed Insured _____

REMARKS

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

7. Additional Proposed Insured (If coverage applied for)

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

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

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

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

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

j. Current Employer _____ k. Job Duties _____

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

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

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

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

If "No," please explain why. _____

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

Full Name	Age	Birth Date			Gender	Relationship (If stepchild, consent required)
		Month	Day	Year		
a. _____						
b. _____						
c. _____						
d. _____						

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

BACKGROUND/HEALTH QUESTIONS

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

OWNER'S CERTIFICATION

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

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

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

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

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

X John Doe 3/21/08
 Signature of Owner Date

Consent to Insurance on Life of Minor Primary Proposed Insured

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

X _____
 Signature of Father, Mother or Legal Guardian Date

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

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

X _____
 Signature of Biological/Adoptive Parent Date

ACKNOWLEDGEMENT - AGREEMENT - AUTHORIZATION - NOTICE

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

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

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

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

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

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

Signed at Little Rock AR 3/21, 2008 X John Doe
 City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

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

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

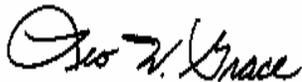
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy

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 08174.



Leo W. Grace
Vice President

DATE: May 5, 2008

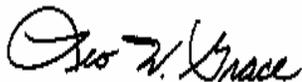
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 Flexible Premium Adjustable Life Insurance Policy

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 policy form AGLA 08174 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 08174.



Leo W. Grace
Vice President

DATE: May 5, 2008

**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	\$0.03	40	\$ 0.18	80	\$ 6.10
1	0.02	41	0.19	81	6.76
2	0.01	42	0.21	82	7.46
3	0.01	43	0.22	83	8.17
4	0.01	44	0.24	84	8.92
5	0.01	45	0.27	85	9.62
6	0.01	46	0.30	86	10.44
7	0.01	47	0.33	87	11.46
8	0.01	48	0.37	88	12.50
9	0.01	49	0.42	89	13.47
10	0.01	50	0.47	90	14.02
11	0.02	51	0.53	91	14.48
12	0.02	52	0.59	92	15.47
13	0.02	53	0.65	93	16.90
14	0.02	54	0.72	94	18.94
15	0.03	55	0.79	95	21.42
16	0.03	56	0.87	96	23.86
17	0.03	57	0.95	97	25.34
18	0.03	58	1.03	98	25.94
19	0.03	59	1.12	99	27.58
20	0.04	60	1.21	100	29.86
21	0.05	61	1.31	101	32.39
22	0.05	62	1.42	102	35.24
23	0.05	63	1.53	103	38.43
24	0.06	64	1.65	104	42.28
25	0.06	65	1.77	105	46.95
26	0.07	66	1.91	106	52.04
27	0.07	67	2.07	107	57.56
28	0.07	68	2.23	108	63.58
29	0.08	69	2.42	109	70.31
30	0.08	70	2.63	110	77.66
31	0.09	71	2.87	111	83.33
32	0.10	72	3.13	112	83.33
33	0.11	73	3.41	113	83.33
34	0.12	74	3.71	114	83.33
35	0.13	75	4.02	115	83.33
36	0.14	76	4.36	116	83.33
37	0.15	77	4.73	117	83.33
38	0.16	78	5.13	118	83.33
39	0.17	79	5.56	119	83.33
				120	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of 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.

**TABLE OF GUARANTEED SINGLE PREMIUM RATES
PER \$1,000 OF PAID-UP WHOLE LIFE**

ATTAINED AGE	AGGREGATE	ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	
0	\$178.49	40	\$462.13	\$409.03	80	\$844.00	\$812.04	
1	182.16	41	471.35	417.51	81	851.77	821.79	
2	186.00	42	480.71	426.14	82	859.10	831.21	
3	190.00	43	490.21	434.92	83	866.04	840.30	
4	194.11	44	499.84	443.85	84	872.63	849.10	
5	198.32	45	509.58	452.92	85	878.87	857.59	
6	202.64	46	519.44	462.12	86	884.94	865.84	
7	207.05	47	529.38	471.46	87	890.73	873.76	
8	211.54	48	539.38	480.91	88	896.04	881.17	
9	216.13	49	549.42	490.48	89	900.91	888.10	
10	220.83	50	559.48	500.15	90	905.50	894.65	
11	225.62	51	569.55	509.92	91	910.35	901.25	
12	230.50	52	579.62	519.77	92	915.70	908.07	
13	235.48	53	589.68	529.71	93	921.14	914.73	
14	240.54	54	599.72	539.71	94	926.41	920.91	
15	245.69	55	609.74	549.80	95	931.10	926.34	
16	250.95	56	619.73	559.95	96	934.91	930.89	
17	256.30	57	629.68	570.14	97	937.87	934.59	
18	261.76	58	639.62	580.40	98	940.68	938.12	
19	267.32	59	649.53	590.71	99	944.08	942.15	
ATTAINED AGE	NO TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO
20	306.97	269.37	60	659.42	601.08	100	947.60	946.21
21	313.46	275.10	61	669.29	611.52	101	951.02	950.10
22	320.08	280.95	62	679.14	622.03	102	954.33	953.82
23	326.83	286.92	63	688.95	632.59	103	957.56	957.35
24	333.71	293.03	64	698.76	643.21	104	960.72	960.65
25	340.73	299.27	65	708.55	653.89	105	963.76	963.70
26	347.88	305.64	66	718.31	664.61	106	966.52	966.47
27	355.15	312.14	67	728.04	675.36	107	969.03	968.99
28	362.57	318.76	68	737.71	686.14	108	971.32	971.29
29	370.11	325.53	69	747.32	696.93	109	973.43	973.40
30	377.80	332.42	70	756.85	707.72	110	975.32	975.30
31	385.63	339.46	71	766.25	718.48	111	977.00	976.98
32	393.60	346.63	72	775.52	729.20	112	978.52	978.51
33	401.71	353.94	73	784.62	739.87	113	980.00	979.99
34	409.94	361.39	74	793.55	750.47	114	981.56	981.55
35	418.30	368.98	75	802.32	760.98	115	982.93	982.92
36	426.79	376.70	76	810.95	771.41	116	984.24	984.24
37	435.40	384.55	77	819.44	781.74	117	985.49	985.48
38	444.16	392.56	78	827.77	791.95	118	986.57	986.57
39	453.07	400.72	79	835.96	802.05	119	987.63	987.63
						120	988.96	988.96

Divide the Cash Surrender Value on the effective date by the applicable rate above to obtain the maximum amount of paid-up coverage.