

SERFF Tracking Number: FRCS-125682254 State: Arkansas
Filing Company: AIG Life Insurance Company State Tracking Number: 39275
Company Tracking Number: 4962
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.003 Single Premium
Product Name: Longevity
Project Name/Number: AIGLIFE-DE/68/68

Filing at a Glance

Company: AIG Life Insurance Company

Product Name: Longevity

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.003 Single Premium

Filing Type: Form

SERFF Tr Num: FRCS-125682254 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39275

Co Tr Num: 4962

Co Status: None

Author: Johnna Kemp

Date Submitted: 06/11/2008

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/25/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: AIGLIFE-DE/68

Project Number: 68

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The forms were filed in the domicile state on or about this same date.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/25/2008

State Status Changed: 06/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Group

Group Market Size: Large

Group Market Type: Discretionary

Deemer Date:

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

Our fee of \$100.00 has been sent by EFT on this same date. This fee is based on the Company's domicile state.

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These forms are new and are not intended to replace any previously approved forms.

The Company plans to issue this certificate under a Group Fixed Single Premium Annuity Contract issued to a trust situated in Delaware. The certificate is a fixed single premium group annuity certificate. The single premium is due on the certificate's issue date. The annuity benefit payment is set at issue and will be made as described in the contract form. Benefit payments may begin at any time after thirty days after the issue date.

Variable information is bracketed. A statement of variability is attached.

Enrollment form, 14LGVG0201, submitted with this filing will be used with the submitted annuity certificate.

The Company believes that the issuance of the group annuities is not contrary to the best interests of the public.

This group design will afford increased accessibility to the product from a consumer point of view. The consistency of product design provided by a group annuity helps to reduce or eliminate the risk that the products will be misrepresented to purchasers.

Issuance of the annuities on a group basis results in economies of administration. The uniformity of a plan design provided by marketing in multiple jurisdictions under the group annuity forms significantly reduces the cost of product marketing and product support administration such as advertising materials and contract issuance.

Enclosed is an actuarial memorandum that demonstrates that the group annuities are actuarially sound and that the benefits are reasonable in relation to the premiums charged.

Company and Contact

Filing Contact Information

(This filing was made by a third party - FC01)

Johnna Kemp, Technician

johnna.kemp@firstconsulting.com

1020 Central, Suite 201

(800) 927-2730 [Phone]

Kansas City, MO 64105

(816) 391-2755[FAX]

Filing Company Information

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AIG Life Insurance Company
One Alico Plaza
Wilmington, DE 19801
(732) 922-7793 ext. [Phone]

CoCode: 66842
Group Code: 12
Group Name:
FEIN Number: 25-1118523

State of Domicile: Delaware
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: The domicile fee is \$50 per form. Therefore, the fee for this filing is \$100.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Life Insurance Company	\$100.00	06/11/2008	20795382

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/25/2008	06/25/2008
Approved	Linda Bird	06/17/2008	06/17/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Fixed Single Form Premium Group Annuity Certificate		Johnna Kemp	06/24/2008	06/25/2008
Fixed Group Form Annuity Enrollment Form		Johnna Kemp	06/24/2008	06/25/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please reopen filing	Note To Filer	Linda Bird	06/24/2008	06/24/2008
Please reopen filing	Note To Reviewer	Johnna Kemp	06/23/2008	06/23/2008

SERFF Tracking Number: *FRCS-125682254* *State:* *Arkansas*
Filing Company: *AIG Life Insurance Company* *State Tracking Number:* *39275*
Company Tracking Number: *4962*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.003 Single Premium*
Product Name: *Longevity*
Project Name/Number: *AIGLIFE-DE/68/68*

Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Approved

Comment: Revised certificate and enrollment form.

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125682254 State: Arkansas
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 Company Tracking Number: 4962
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 Product Name: Longevity
 Project Name/Number: AIGLIFE-DE/68/68

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form (revised)	Fixed Single Premium Group Annuity Certificate		Yes
Form	Fixed Single Premium Group Annuity Certificate		Yes
Form (revised)	Fixed Group Annuity Enrollment Form		Yes
Form	Fixed Group Annuity Enrollment Form		Yes

SERFF Tracking Number: FRCS-125682254 *State:* Arkansas
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Product Name: Longevity
Project Name/Number: AIGLIFE-DE/68/68

Disposition

Disposition Date: 06/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form	Fixed Group Annuity Enrollment Form		Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 06/25/2008

Comments:

Subsequent to the filing of these forms, the Company found an error in the certificate and the enrollment form. No forms have been issued. The Company has added a definition of "certificate" to the certificate and modified the replacement questions on the enrollment form. Revised forms are attached.

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
16LGVG0201	Policy/Contr act/Fraternal Certificate	Fixed Single Group Annuity Certificate	Initial				53	16LGVG0201 dist.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
14LGVG0201	Application/Enrollment Form	Fixed Group Annuity Enrollment Form	Initial				55	app jd DIST.pdf

SERFF Tracking Number: *FRCS-125682254* *State:* *Arkansas*
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TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.003 Single Premium*
Product Name: *Longevity*
Project Name/Number: *AIGLIFE-DE/68/68*

Note To Filer

Created By:

Linda Bird on 06/24/2008 08:16 AM

Subject:

Please reopen filing

Comments:

Filing has been reopened in order for corrections to be made.

SERFF Tracking Number: FRCS-125682254 *State:* Arkansas
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Company Tracking Number: 4962
TOI: A02G Group Annuities - Deferred Non-variable *Sub-TOI:* A02G.003 Single Premium
Product Name: Longevity
Project Name/Number: AIGLIFE-DE/68/68

Note To Reviewer

Created By:

Johnna Kemp on 06/23/2008 04:01 PM

Subject:

Please reopen filing

Comments:

Subsequent to the filing of these forms, the Company found an error in the certificate and the enrollment form. Therefore, could you please reopen the filing so that we can attached the revised enrollment and certificate.

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Form Schedule

Lead Form Number: 16LGVG0201

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	16LGVG0201	Policy/Cont	Fixed Single ract/Fratern Premium Group al Annuity Certificate Certificate	Initial		53	16LGVG0201 dist.pdf
	14LGVG0201	Application/	Fixed Group Annuity Enrollment Enrollment Form Form	Initial		55	app jd DIST.pdf



AIG Life Insurance Company
600 King Street
Wilmington, Delaware 19801
A capital stock company

This Annuity Certificate is issued by AIG Life Insurance Company (We, US, Our) to the Owner(s) (You, Your) named in the Certificate Schedule in consideration of the payment of the Premium. We will make Annuity Benefit payments to the Annuitant as set forth in this Certificate Schedule beginning on the Annuity Date.

READ YOUR CERTIFICATE CAREFULLY

RIGHT TO EXAMINE THIS CERTIFICATE

If, after reading the Annuity Certificate, You are not satisfied for any reason, the Annuity Certificate may be returned within [ten (10)] days after it has been received. It can be mailed or delivered to Us at Our administrative office. As of the return date We will promptly refund any Premium which has been received in consideration for said Annuity Certificate, less any payments which have been made, and the Annuity Certificate will be void.

Secretary

President

**FIXED SINGLE PREMIUM GROUP ANNUITY CERTIFICATE
NO CASH SURRENDER BENEFITS
[NO DEATH BENEFIT PRIOR TO ANNUITY DATE] [DEATH BENEFIT IS LIMITED TO REFUND OF
PREMIUMS LESS PAYMENTS MADE] [DEATH BENEFIT PAID]
NON-PARTICIPATING**

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER: [1001]
OWNER [Jane Doe]
ANNUITY CERTIFICATE DATE: [November 1, 2008]
ANNUITY DATE: [December 1, 2023]
ANNUITANT [Jane Doe]
DATE OF BIRTH: [September 1, 1943]
GENDER: [Female]
PREMIUM PAYMENT: [\$100,000]

ANNUITY INCOME

TYPE OF ANNUITY: **[LIFE ANNUITY]**
We will provide annuity income to the Annuitant, beginning on the Annuity Date, for the Annuitant's entire life. Annuity income stops when the Annuitant is no longer living.]

ANNUITY BENEFIT [\$2,520.37]
FREQUENCY OF ANNUITY BENEFIT: [Monthly]
[GUARANTEED PERIOD: 10 Years]

DEFINITIONS

Administrative Office means Our service center to which you should direct all requests, instructions and other communications. Our Administrative Office is located at 600 King Street, Wilmington, DE 19801.

Annuitant means the person or persons designated on the Certificate Schedule to receive an Annuity Benefit under this Certificate and on whose life the amount of the Annuity Benefit is determined.

Annuity Benefit means the periodic payments to be made to an Annuitant in accordance with this Certificate. The amount of the periodic payment is set forth in the Certificate Schedule.

Annuity Date means the date on which the first Annuity Benefit payment will be made to an Annuitant.

Beneficiary means the person named by the Annuitant to receive any remaining benefits payable after the death of the Annuitant and Joint Annuitant, if any.

Certificate means this certificate, Your Enrollment Form (a copy of which is attached), any supplemental enrollments, and any riders or endorsements comprise the entire certificate. All statements made in the Enrollment are, in the absence of fraud considered representations and not warranties.

Enrollment Form means the form used to record data given to Us for the purpose of purchasing an Annuity Benefit under this Certificate.

Home Office means Our office at 600 King Street, Wilmington, DE 19801.

Non-Participating means this policy does not participate in our divisible surplus. No dividends are payable.

Owner(s) means the person or persons shown as Owner(s) on the Certificate Schedule.

Payee means any person entitled to receive an Annuity Benefit under this Annuity Certificate.

Premium means the amount we receive to purchase an Annuity Benefit for an Annuitant.

Premium Tax is any tax or fee assessed by any governmental entity on premiums paid to purchase an insurance contract that will provide annuity payments.

Type Of Annuity means the type of annuity specified in the Enrollment and described in the Certificate Schedule.

Written Notice means information given in written form either by the Owner, the Annuitant, or Us. If given by the Certificate Owner or Annuitant, such Written Notice must be signed and be in a form which is satisfactory to Us.

PAYMENT OF PREMIUMS

Your Premium payment is shown on the Certificate Schedule. The Premium, reduced by any state premium tax or fee, if applicable, is used to purchase the selected Annuity Benefit to commence on the indicated Annuity Date. We will only be liable for those Annuity Benefits for which the appropriate Net Premium has been duly received.

PAYMENT OF ANNUITY BENEFITS

The amount of the Annuity Benefit will be paid [monthly] to the Annuitant beginning on the Annuity Date, in accordance with the Type Of Annuity selected on the enrollment. However, if such periodic Annuity Benefit is less than \$50, we shall have the right at any time to pay such Annuity Benefit less frequently, in advance, but no less frequently than annually.

DEATH PRIOR TO ANNUITY DATE

[If the Annuitant dies prior to the Annuity Date no benefit will be payable and We will have no further obligation with respect to the Annuity Certificate.]

[If the Annuitant dies prior to the Annuity Date a refund with respect to the Annuity Certificate will be payable to You. If no Certificate Owner survives the refund will be paid to any surviving Beneficiary. The refund will be equal to the Premium paid in consideration for the Annuity Certificate less any payments which have been made, and shall be payable once We receive a notification of death acceptable to Us.]

DEATH AFTER ANNUITY DATE

In the event an Annuitant dies after the Annuity Date, any remaining Annuity Benefit will be paid in accordance with the terms of this Annuity Certificate, as described on the Schedule page. We may require a death certificate or a physician's written statement certifying death of an Annuitant. Any Annuity Benefit paid by Us in good faith in accordance with the terms of this Annuity Certificate shall, to the extent of such benefit, fully discharge Us from any further liability.

FACILITY OF PAYMENT

If any Payee who is receiving an Annuity Benefit under this Certificate is adjudged to be legally, physically or mentally, incapable or incompetent, we may pay such Annuity Benefit to the legal guardian or other legal representative of such person. Any such payment shall constitute a full discharge of our obligation to the extent thereof.

ASSIGNMENT OF CERTIFICATE

No assignment of benefits will be recognized as binding on the Company unless: a) the original instrument or a certified copy is filed with the Company at its Administrative Office; and b) the Company sends the Owner an acknowledged copy. However, when a written assignment, permitted by law, is filed with the Company and recorded by at its Administrative Offices, all parties to this Certificate will be subject to the assignment.

INFORMATION WE REQUIRE

The Owner or Annuitant must furnish any information that we may reasonably require for the administration of each Annuity Certificate. We have the right to rely and act on such information in the administration of the Annuity Certificate. If the age, sex or any other relevant fact has been misstated with respect to a person for whom an Annuity Benefit is measured, an equitable adjustment will be made. In no event shall we be liable for any greater Annuity Benefit with respect to an Annuitant than that which would be payable based on the correct information and the Premium we received for such Annuity Benefit. Underpayments by Us will be paid to the Payee in a lump sum. Overpayments and underpayments will be subject to interest at the rate of 3%.



**AIG LIFE INSURANCE COMPANY
600 KING STREET
WILMINGTON, DELAWARE 19801**

**FIXED SINGLE PREMIUM GROUP ANNUITY CERTIFICATE
[NO DEATH BENEFIT PRIOR TO ANNUITY DATE] [DEATH BENEFIT IS LIMITED TO REFUND OF
PREMIUMS LESS PAYMENTS MADE] [DEATH BENEFIT PAID]
NON-PARTICIPATING**

Fixed Group Annuity Enrollment Form

(Please type or print in black ink)

AIG Life Insurance Company

600 King Street,
Wilmington, DE 19801
1-800-538-6381

Group Contract ___ - _____

1. Owner

Name Jan Doe
Address (STREET): 123 Street (CITY/STATE/ZIP) Any City, ANY State, XXXX
Telephone Number: (XXX) XXX-XXXX SSN/TAX ID: _____
Email Address JDoe@email.com

2. Annuitant (Complete if Owner and Annuitant are different)

Gender: Male Female
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____ Date of Birth* (MM/DD/YYYY): _____
Address (STREET): _____ (CITY/STATE/ZIP) _____
Telephone Number: (____) _____ SSN/TAX ID: _____
Email Address _____

3. Beneficiary Information (If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated)

Name Sarah Doe Address: 123 Street
100 % SSN/Tax ID: XXX-XX-XXXX Relationship to Annuitant: Daughter

Name _____ Address: _____
_____ % SSN/Tax ID: _____ Relationship to Annuitant: _____

If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box

4. Special Requests:

5. Death Benefit

No death benefit (if Annuitant dies prior to income start date selected in #7 on this form)
 Death benefit prior to annuity date. If the Annuitant dies prior to income start date selected in #7 on this form, the death benefit is limited to: ___ a refund of premium only or ___ a refund of premium plus 3% interest.

I understand by selecting no death benefit, this annuity will terminate at the death of the Annuitant and no benefit will be paid to my survivor. (Owner's Initials) J

*Evidence of age is required for any Lifetime Income Payout Option

6. Premium Payment

Premium Payment: \$ XXXX

Type: § 1035 Exchange/Trustee Transfer (complete "Company" transfer form) Check Attached Wire Transfer

Source: Nonqualified Other _____

7. Income Payments

- SINGLE LIFE
- PERIOD CERTAIN

PAYOUT OPTIONS:

- Lifetime Income Only (also complete #8)
- Lifetime Income with Guaranteed Period of ___ yrs
- Period Certain of _____ years

Payment Mode (frequency): Monthly Quarterly Semi-Annually Annually Other _____

Income Start Date: (MM/DD/YYYY): XX/XX/XXXX

Annual Increase: None 1% 2% 3% 4% 5%

8. Lifetime Income Payout Option

I understand that no further income payments will be made and this annuity will terminate at the death of the Annuitant listed in #2.

(Owner's Initials) JD

9. Tax Withholding

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. This election can be changed at any future date.

Federal Tax Withholding:

- Do Not withhold Federal Income Tax
- Do withhold Federal Income Tax based on this information: Allowances _____ Marital Status _____

State Tax Withholding (if applicable):

- Do Not withhold State Income Tax
- Do withhold State Income Tax: Amount \$ _____ or _____ %

10. Electronic Funds Transfer

Checking (attach voided check) Savings (attach preprinted deposit slip) Account Number: XXXXXXXXXX

Name on Account: Jan Doe Name of Institution: Any Bank

ABA Routing/Transit Number

X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---

 Address of Institution: 1234 Street

I authorize the Company to initiate credit entries and, if necessary, debit entries and other adjustments for any credit entries in error to the account indicated above. (Owner's Initials) JL

11. Owner(s) Signatures:

Do you have any existing or pending annuity or life insurance contracts? Yes* No

Is this annuity intended to replace or change any existing life insurance or annuity contract? Yes* No

* If yes, please complete any applicable replacement forms.

THE UNDERSIGNED OWNER(S) represent that all statements set forth above are full, complete and true as written and correctly recorded to the best of the Undersigned Owner(s) knowledge. All statements by or on behalf of the annuitant(s) shall be deemed to be representations and not warranties.

Under penalties of perjury, I certify: (1) that the Social Security Number (SSN) or taxpayer identification number is correct as it appears on the application; and (2) that I am not subject to backup withholding under § 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. *You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).*

FRAUD NOTICE: (applicants in the following states must read the applicable fraud warning)

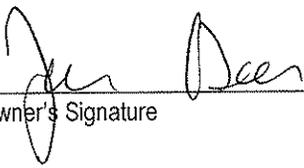
Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or 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.

New Jersey Fraud Warning: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia and Virginia Fraud Warning: Warning: It is a crime to knowingly provide false or misleading information to an insurer for the purposes of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Colorado Fraud Warning: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X 
Owner's Signature

06/27/20
Date

X _____
Annuitant's Signature (if different from Owner)

Date

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Rate Information

Rate data does NOT apply to filing.

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Product Name: Longevity
Project Name/Number: AIGLIFE-DE/68/68

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/05/2008

Comments:

Attachments:

Authorization_dist.pdf
AR RDB.pdf
AR COC.pdf
AR Certificate SOV.pdf
AR Complaint Notice AIG.pdf

Review Status:

Satisfied -Name: Application

06/05/2008

Comments:

Please see form schedule.

June 6, 2008

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

AIG Life Insurance Company

By:

A handwritten signature in cursive script that reads "Kathleen Toth". The signature is written in black ink and is positioned above a horizontal line.

Title: Associate General Counsel

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: AIG Life Insurance Company

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
16LGVG0201	52.7
14LGVG0201	55.1



Kathleen Toth
Associate General Counsel

June 6, 2008

Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: AIG Life Insurance Company

Form Title(s): Fixed Single Premium Group Annuity Certificate, Fixed Group Annuity Enrollment Form

Form Number(s): 16LGVG0201, 14LGVG0201

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Kathleen Toth
Associate General Counsel

June 6, 2008

Date

**AIG LIFE INSURANCE COMPANY
Memorandum of Variable Material
Forms 16LGVG0201 and 14LGVG0201**

May 30, 2008

The following is an explanation of the variable material in the forms referenced above. All information which is bracketed is variable.

Certificate Form 16LGVG0201

Page No.	Bracketed Item	Explanation of Variable Material
1 Cover	[ten (10) days] in Right to Examine This Contract	The free look period will be 10 days for new issues and 30 days in replacement situations.
	Policy Description	Three options are shown. Either "No Death Benefit Prior to Annuity Date," Death Benefit prior to Annuity Date Limited to Refund of Premium" or Death Benefit Paid" will print depending on the type of death benefit option selected at time of application.
2 Contract Schedule Page	Contract number, owner, annuity certificate date, annuity date, annuitant, date of birth, gender, premium payment:	This is John Doe information based on a male age 35.
	Type of Annuity	One of two types will be selected at time of application. 1. "Life Annuity: We will provide annuity income to the Annuitant, beginning on the Annuity Date, for the Annuitant's entire life. Annuity income stops when the Annuitant is no longer living." or 2. "Life With Guaranteed Number of Years: We will provide annuity income to the Annuitant, beginning on the Annuity Date, for the Annuitant's entire life or for a guaranteed number of years, whichever is longer. The guaranteed number of years selected is shown on this Certificate Schedule page. If the Annuitant dies on or after the Annuity Date and before the end of the Guaranteed Period, payments will continue to the Beneficiary for the remainder of the Guaranteed Period."
	Annuity Benefit	This is John Doe information based on a male age 35.
	Frequency of Annuity Benefit	This is John doe information determined at time of application. Options will be monthly, quarterly, semi-annually or annually.
	Guaranteed Period: XX Years	This option will print if the Life With Guaranteed Number of Years annuity type is selected. The range of years is 1-15. The number of years is selected at time of application.
Page 4	Payment of Annuity Benefits	This is John doe information determined at time of application. Options will be monthly, quarterly, semi-annually or annually.
	Death Prior to Annuity Date	Both options are shown, but only one will print based on the death benefit option selected at time of application.
Back Cover	Policy Description	Three options are shown. Either "No Death Benefit Prior to Annuity Date," Death Benefit prior to Annuity Date Limited to Refund of Premium" or Death Benefit Paid" will print depending on the type of death benefit option selected at time of application.

Application form 14LGVG0201 - None

**IMPORTANT POLICYHOLDER SERVICE INFORMATION
REGARDING YOUR INSURANCE**

If you need to contact someone about this annuity policy for any reason please contact your agent first, if an agent was involved in the sale. If no agent was involved, or if you have additional questions, you may contact the company issuing this annuity policy at the following address and telephone number:

**AIG LIFE INSURANCE COMPANY
CUSTOMER SERVICE
600 KING STREET (DPEN)
WILMINGTON, DE 19801
877-299-1724**

If you have been unable to contact or obtain satisfactory information from the Company or the agent, you may contact the Arkansas Insurance Department at:

**ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
1200 W. THIRD STREET
LITTLE ROCK, AR 72201-1904
800-282-9134**

When contacting your agent, the company, or the Arkansas Insurance Department, have your policy number available.

This notice is for information only and does not become a part or condition of your policy.

SERFF Tracking Number: FRCS-125682254 *State:* Arkansas
Filing Company: AIG Life Insurance Company *State Tracking Number:* 39275
Company Tracking Number: 4962
TOI: A02G Group Annuities - Deferred Non-variable *Sub-TOI:* A02G.003 Single Premium
Product Name: Longevity
Project Name/Number: AIGLIFE-DE/68/68

Superseded Attachments

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

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Fixed Single Premium Group Annuity Certificate	06/11/2008	16LGVG0201-dist.pdf
No original date	Form	Fixed Group Annuity Enrollment Form	06/11/2008	APP Group-JD-Dist.pdf



AIG Life Insurance Company
600 King Street
Wilmington, Delaware 19801
A capital stock company

This Annuity Certificate is issued by AIG Life Insurance Company (We, US, Our) to the Owner(s) (You, Your) named in the Certificate Schedule in consideration of the payment of the Premium. We will make Annuity Benefit payments to the Annuitant as set forth in this Certificate Schedule beginning on the Annuity Date.

READ YOUR CERTIFICATE CAREFULLY

RIGHT TO EXAMINE THIS CERTIFICATE

If, after reading the Annuity Certificate, You are not satisfied for any reason, the Annuity Certificate may be returned within [ten (10)] days after it has been received. It can be mailed or delivered to Us at Our administrative office. As of the return date We will promptly refund any Premium which has been received in consideration for said Annuity Certificate, less any payments which have been made, and the Annuity Certificate will be void.

Secretary

President

**FIXED SINGLE PREMIUM GROUP ANNUITY CERTIFICATE
NO CASH SURRENDER BENEFITS
[NO DEATH BENEFIT PRIOR TO ANNUITY DATE] [DEATH BENEFIT IS LIMITED TO REFUND OF
PREMIUMS LESS PAYMENTS MADE] [DEATH BENEFIT PAID]
NON-PARTICIPATING**

CERTIFICATE SCHEDULE

CERTIFICATE NUMBER: [1001]
OWNER [Jane Doe]
ANNUITY CERTIFICATE DATE: [November 1, 2008]
ANNUITY DATE: [December 1, 2023]
ANNUITANT [Jane Doe]
DATE OF BIRTH: [September 1, 1943]
GENDER: [Female]
PREMIUM PAYMENT: [\$100,000]

ANNUITY INCOME

TYPE OF ANNUITY: **[LIFE ANNUITY]**
We will provide annuity income to the Annuitant, beginning on the Annuity Date, for the Annuitant's entire life. Annuity income stops when the Annuitant is no longer living.]

ANNUITY BENEFIT [\$2,520.37]
FREQUENCY OF ANNUITY BENEFIT: [Monthly]
[GUARANTEED PERIOD: 10 Years]

DEFINITIONS

Administrative Office means Our service center to which you should direct all requests, instructions and other communications. Our Administrative Office is located at 600 King Street, Wilmington, DE 19801.

Annuitant means the person or persons designated on the Certificate Schedule to receive an Annuity Benefit under this Certificate and on whose life the amount of the Annuity Benefit is determined.

Annuity Benefit means the periodic payments to be made to an Annuitant in accordance with this Certificate. The amount of the periodic payment is set forth in the Certificate Schedule.

Annuity Date means the date on which the first Annuity Benefit payment will be made to an Annuitant.

Beneficiary means the person named by the Annuitant to receive any remaining benefits payable after the death of the Annuitant and Joint Annuitant, if any.

Enrollment Form means the form used to record data given to Us for the purpose of purchasing an Annuity Benefit under this Certificate.

Home Office means Our office at 600 King Street, Wilmington, DE 19801.

Non-Participating means this policy does not participate in our divisible surplus. No dividends are payable.

Owner(s) means the person or persons shown as Owner(s) on the Certificate Schedule.

Payee means any person entitled to receive an Annuity Benefit under this Annuity Certificate.

Premium means the amount we receive to purchase an Annuity Benefit for an Annuitant.

Premium Tax is any tax or fee assessed by any governmental entity on premiums paid to purchase an insurance contract that will provide annuity payments.

Type Of Annuity means the type of annuity specified in the Enrollment and described in the Certificate Schedule.

Written Notice means information given in written form either by the Owner, the Annuitant, or Us. If given by the Certificate Owner or Annuitant, such Written Notice must be signed and be in a form which is satisfactory to Us.

PAYMENT OF PREMIUMS

Your Premium payment is shown on the Certificate Schedule. The Premium, reduced by any state premium tax or fee, if applicable, is used to purchase the selected Annuity Benefit to commence on the indicated Annuity Date. We will only be liable for those Annuity Benefits for which the appropriate Net Premium has been duly received.

PAYMENT OF ANNUITY BENEFITS

The amount of the Annuity Benefit will be paid [monthly] to the Annuitant beginning on the Annuity Date, in accordance with the Type Of Annuity selected on the enrollment. However, if such periodic Annuity Benefit is less than \$50, we shall have the right at any time to pay such Annuity Benefit less frequently, in advance, but no less frequently than annually.

DEATH PRIOR TO ANNUITY DATE

[If the Annuitant dies prior to the Annuity Date no benefit will be payable and We will have no further obligation with respect to the Annuity Certificate.]

[If the Annuitant dies prior to the Annuity Date a refund with respect to the Annuity Certificate will be payable to You. If no Certificate Owner survives the refund will be paid to any surviving Beneficiary. The refund will be equal to the Premium paid in consideration for the Annuity Certificate less any payments which have been made, and shall be payable once We receive a notification of death acceptable to Us.]

DEATH AFTER ANNUITY DATE

In the event an Annuitant dies after the Annuity Date, any remaining Annuity Benefit will be paid in accordance with the terms of this Annuity Certificate, as described on the Schedule page. We may require a death certificate or a physician's written statement certifying death of an Annuitant. Any Annuity Benefit paid by Us in good faith in accordance with the terms of this Annuity Certificate shall, to the extent of such benefit, fully discharge Us from any further liability.

FACILITY OF PAYMENT

If any Payee who is receiving an Annuity Benefit under this Certificate is adjudged to be legally, physically or mentally, incapable or incompetent, we may pay such Annuity Benefit to the legal guardian or other legal representative of such person. Any such payment shall constitute a full discharge of our obligation to the extent thereof.

ASSIGNMENT OF CERTIFICATE

No assignment of benefits will be recognized as binding on the Company unless: a) the original instrument or a certified copy is filed with the Company at its Administrative Office; and b) the Company sends the Owner an acknowledged copy. However, when a written assignment, permitted by law, is filed with the Company and recorded by at its Administrative Offices, all parties to this Certificate will be subject to the assignment.

INFORMATION WE REQUIRE

The Owner or Annuitant must furnish any information that we may reasonably require for the administration of each Annuity Certificate. We have the right to rely and act on such information in the administration of the Annuity Certificate. If the age, sex or any other relevant fact has been misstated with respect to a person for whom an Annuity Benefit is measured, an equitable adjustment will be made. In no event shall we be liable for any greater Annuity Benefit with respect to an Annuitant than that which would be payable based on the correct information and the Premium we received for such Annuity Benefit. Underpayments by Us will be paid to the Payee in a lump sum. Overpayments and underpayments will be subject to interest at the rate of 3%.



**AIG LIFE INSURANCE COMPANY
600 KING STREET
WILMINGTON, DELAWARE 19801**

**FIXED SINGLE PREMIUM GROUP ANNUITY CERTIFICATE
[NO DEATH BENEFIT PRIOR TO ANNUITY DATE] [DEATH BENEFIT IS LIMITED TO REFUND OF
PREMIUMS LESS PAYMENTS MADE] [DEATH BENEFIT PAID]
NON-PARTICIPATING**

Fixed Group Annuity Enrollment Form
(Please type or print in black ink)

AIG Life Insurance Company

600 King Street,
Wilmington, DE 19801
1-800-538-6381

Group Contract ___ - _____

1. Owner

Name Jane Doe
Address (STREET): 123 Pine Ave (CITY/STATE/ZIP) Any City, Any State, XXXXX
Telephone Number: (XXX) XXX-XXXX SSN/TAX ID: XXX-XX-XXXX
Email Address J.Doe@email.com

2. Annuitant

(Complete if Owner and Annuitant are different)

Gender: Male Female Date of Birth* (MM/DD/YYYY): _____
Name (FIRST, MI, LAST): Mr/Mrs/Ms (CITY/STATE/ZIP) _____
Address (STREET): _____ SSN/TAX ID: _____
Telephone Number: (____) _____
Email Address _____

3. Beneficiary Information

(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated)

Name Sally doe Address: 123 Pine Street Any City Any town
100 % SSN/Tax ID: XXX-XX-XXXX Relationship to Annuitant: Mother

Name _____ Address: _____
_____ % SSN/Tax ID: _____ Relationship to Annuitant: _____

If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box

4. Special Requests:

5. Death Benefit

- No death benefit (if Annuitant dies prior to income start date selected in #7 on this form)
 Death benefit prior to annuity date. If the Annuitant dies prior to income start date selected in #7 on this form, the death benefit is limited to: _____ a refund of premium only or _____ a refund of premium plus 3% interest.

I understand by selecting no death benefit, this annuity will terminate at the death of the Annuitant and no benefit will be paid to my survivor.

(Owner's Initials) J

*Evidence of age is required for any Lifetime Income Payout Option

6. Premium Payment

Premium Payment: \$ XXXX

Type: § 1035 Exchange/Trustee Transfer (complete "Company" transfer form) Check Attached Wire Transfer

Source: Nonqualified Other _____

7. Income Payments

SINGLE LIFE
 PERIOD CERTAIN

PAYOUT OPTIONS:

Lifetime Income Only (also complete #8)
 Lifetime Income with Guaranteed Period of ___yrs
 Period Certain of _____ years

Payment Mode (frequency): Monthly Quarterly Semi-Annually Annually Other _____

Income Start Date: (MM/DD/YYYY): XX XX / XXXX

Annual Increase: None 1% 2% 3% 4% 5%

8. Lifetime Income Payout Option

I understand that no further income payments will be made and this annuity will terminate at the death of the Annuitant listed in #2.

(Owner's Initials) 

9. Tax Withholding

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. This election can be changed at any future date.

Federal Tax Withholding:

Do Not withhold Federal Income Tax
 Do withhold Federal Income Tax based on this information: Allowances 1 Marital Status Single

State Tax Withholding (if applicable):

Do Not withhold State Income Tax
 Do withhold State Income Tax: Amount \$ _____ or _____%

10. Electronic Funds Transfer

Checking (attach voided check) Savings (attach preprinted deposit slip) Account Number: XXXXXXXXXX

Name on Account: Jane Doe

Name of Institution: Big money Bank

ABA Routing/Transit Number

X	X	X	X	X	X	X	X	X	X
---	---	---	---	---	---	---	---	---	---

Address of Institution: USA

I authorize the Company to initiate credit entries and, if necessary, debit entries and other adjustments for any credit entries in error to the account indicated above.

(Owner's Initials) 

11. Owner(s) Signatures:

To the best of your knowledge, is this insurance being purchased to replace or change any existing insurance or annuity? Yes No

THE UNDERSIGNED OWNER(S) represent that all statements set forth above are full, complete and true as written and correctly recorded to the best of the Undersigned Owner(s) knowledge. All statements by or on behalf of the annuitant(s) shall be deemed to be representations and not warranties.

Under penalties of perjury, I certify: (1) that the Social Security Number (SSN) or taxpayer identification number is correct as it appears on the application; and (2) that I am not subject to backup withholding under § 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. *You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).*

FRAUD NOTICE: (applicants in the following states must read the applicable fraud warning)

Arkansas, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Pennsylvania and Tennessee Fraud

Warning: 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.

New Jersey Fraud Warning: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

District of Columbia and Virginia Fraud Warning: Warning: It is a crime to knowingly provide false or misleading information to an insurer for the purposes of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Colorado Fraud Warning: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X Jan Doe
Owner's Signature

10/10/2007
Date

X _____
Annuitant's Signature (if different from Owner)

Date