

SERFF Tracking Number: AGNN-125757783 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 39823  
Company Tracking Number: VR347-08  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: VR347-08  
Project Name/Number: Extended Care Rider/VR347-08

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VR347-08

SERFF Tr Num: AGNN-125757783 State: ArkansasLH

TOI: A021 Individual Annuities- Deferred Non-  
Variable

SERFF Status: Closed

State Tr Num: 39823

Sub-TOI: A021.002 Flexible Premium

Co Tr Num: VR347-08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Adrienne Redd

Disposition Date: 08/06/2008

Date Submitted: 08/01/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Extended Care Rider

Project Number: VR347-08

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Simultaneously  
filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: The Variable Annuity Life Insurance Company (VALIC)

NAIC# 70238

FEIN# 74-1625348

Form# VR347-08 Extended Care Rider

SERFF Tracking Number: AGNN-125757783 State: Arkansas  
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TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
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Project Name/Number: Extended Care Rider/VR347-08

Dear Mr. / Mrs. :

This form is submitted for your review and approval. This filing does not contain any unusual or controversial items. The form is new and does not replace any forms previously approved by your Department. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state. Such forms contain no provisions previously disapproved by your Department.

Form VR347-08 is an Extended Care Rider that will be attached to and become part of our annuity contracts as they are approved by your Department. The Extended Care Rider waives early withdrawal charges if the Owner receives extended care in a qualified institution for at least (90) consecutive days, and the extended care begins at least one year after the Policy Date.

Please contact me at 713.831.8707 or via e-mail at Adrienne.Redd@AIGRetirement.com if I can assist with your review. I look forward to your formal notification of approval.

Sincerely,

Adrienne Redd  
Legal Analyst

Enclosures

## Company and Contact

### Filing Contact Information

Adrienne Redd, adrienne.redd@aigretirement.com  
2919 Allen Parkway (713) 831-8707 [Phone]  
Houston, TX 77019 (713) 831-6932[FAX]

### Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas

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2929 Allen Parkway, L10-30  
Houston, TX 77019  
(713) 831-1305 ext. [Phone]

Group Code: 11  
Group Name:  
FEIN Number: 74-1625348

Company Type:  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: TX's fee is \$100 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	08/01/2008	21738911

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/06/2008	08/06/2008

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## Disposition

Disposition Date: 08/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Extended Care Rider		Yes

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## Form Schedule

Lead Form Number: VR347-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VR347-08	Policy/Cont	Extended Care Rider Initial ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45	VR347-08.pdf

**THE VARIABLE ANNUITY LIFE INSURANCE COMPANY  
HOUSTON, TEXAS**

**EXTENDED CARE RIDER  
WAIVER OF EARLY WITHDRAWAL CHARGES**

This rider is part of the annuity policy to which it is attached. This rider is effective on the annuity's Policy Date. In case of conflict between the provisions of the policy and those of this rider, the rider will prevail.

**DEFINITIONS**

- **"Extended care"** means treatment which is:
  - prescribed by a physician;
  - given by a qualified medical professional; and
  - received by the Owner while staying in a qualified institution.
- The **"Owner"** is the primary owner and any joint owner, collectively. If the Owner is a non-natural person, the Annuitant shall be treated as the Owner for purposes of this rider.
- A **"qualified institution"** is a licensed hospital or licensed skilled or intermediate care nursing facility at which medical treatment is provided daily and daily medical records are kept for each patient. The following are not qualified institutions:
  - drug or alcohol treatment centers;
  - homes for the aged or mentally ill; or
  - community living centers, or places that primarily provide accommodations, board or personal care services to persons who do not need daily medical or nursing care.
- A **"qualified medical professional"** is a legally qualified practitioner of a healing profession who is:
  - acting within the scope of his or her license; and
  - not a resident of the Owner's household or related to the Owner by blood or marriage.
- **"Treatment"** is the diagnosis and rendering of medically necessary medical care for a medical condition.

**RIDER BENEFIT**

The Company will waive the policy's Early Withdrawal Charge if:

- the Owner receives extended care in a qualified institution for at least ninety consecutive days; and
- the extended care begins at least one year after the Policy Date.

This waiver will continue as long as the Owner receives continuous extended care.

## **REQUEST FOR WAIVER**

We must receive a written request for partial or total withdrawal, with proof of extended care, within 90 days of the last day extended care was received, or while the extended care is ongoing.

## **TERMINATION**

This rider will terminate on the earliest of:

- the date the annuity policy terminates;
- the date income payments begin under an income plan option;
- the date of the Owner's death, unless the Owner's spouse continues the annuity under the provisions of the Internal Revenue Code §72(s)(3).

**THE VARIABLE ANNUITY LIFE INSURANCE COMPANY**

*Katherine Stoner*

SECRETARY

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** 08/01/2008  
**Comments:**  
**Attachment:**  
FLESCHE-AR.PDF

**Bypassed -Name:** Application **Review Status:** 08/01/2008  
**Bypass Reason:** n/a  
**Comments:**

**Bypassed -Name:** Life & Annuity - Actuarial Memo **Review Status:** 08/01/2008  
**Bypass Reason:** n/a  
**Comments:**

## CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
VR347-08	Extended Care Rider	45

Lauren Cole

Lauren Cole  
Legal Analyst

August 1, 2008

Date