

SERFF Tracking Number: AGNN-125808066 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 40220
Company Tracking Number: 108-5X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: 108-5X
Project Name/Number: FPDA Application/108-5X

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: 108-5X

TOI: A021 Individual Annuities- Deferred Non-
Variable

Sub-TOI: A021.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: AGNN-125808066 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40220

Co Tr Num: 108-5X

Co Status:

Author: Adrienne Redd

Date Submitted: 09/09/2008

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/16/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: FPDA Application

Project Number: 108-5X

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/16/2008

State Status Changed: 09/16/2008

Corresponding Filing Tracking Number:

Filing Description:

September 8, 2008

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Simultaneously
filing in domicile state of Texas.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

VIA SERFF

Re: AIG Annuity Life Insurance Company

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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

AIG Annuity Insurance Company CoCode: 70432 State of Domicile: Texas
 2929 Allen Parkway, L10-30 Group Code: 12 Company Type:
 Houston, TX 77019 Group Name: State ID Number:
 (713) 831-1305 ext. [Phone] FEIN Number: 75-0770838

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Annuity Insurance Company	\$100.00	09/09/2008	22377153

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/16/2008	09/16/2008

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Disposition

Disposition Date: 09/16/2008

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 - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Readability		Yes
Form	FPDA Application		Yes

[Flexible Premium
Deferred Annuity Application]

OWNER (All Policyholder correspondence will be sent to this address.)

Name: John Doe Sex: M Age: 35 DOB: 5/10/1971
Address: 123 Main Street Marital Status: M SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 123-456-7890

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: Sex: Age: DOB:
Marital Status: SSN: Daytime Phone:

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: Sex: Age: DOB:
Address: Daytime Phone: SSN:
Relationship to Owner:

OWNER'S BENEFICIARY DESIGNATION - In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: Relationship:

Contingent Beneficiary: Name: Relationship:

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium and earned interest must be left for a full year without any withdrawals. The minimum guaranteed interest rate for the life of the policy is [3.0]%.) Please check one.

- [1] yr The Interest Rate on the Initial Premium is [5.55]% for [1] year(s). This rate includes a [2.0]% bonus payable for [1] year(s).
- [3] yr The Interest Rate on the Initial Premium is []% for [] years.
- [MVA] The Interest Rate on the Initial Premium is []% for the first year and []% for years [2] through [6].
- [Step-up] The Interest Rate on the Initial Premium is []% for the first year and increases []% in years [2] through [6].

PURCHASE PAYMENT

Policy Number: H23456 Policy Date: 5/31/2008
Initial Premium Payment: \$ 10,000 Annuity Date: 5/31/2038

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 Corporate Plan Other:]

Check one: Initial Contribution for Tax Year Transfer Rollover Roth IRA Conversion Year

SIGNATURES Checks must be made payable to **AIG Annuity Insurance Company.**

[Do you have any existing life insurance policies or annuity contracts? Yes No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company Policy No.
Are you an active duty service member of the United States Armed Forces? Yes No]

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true. I have read and understand the important disclosures located on the reverse of this application.

Please initial if applicable: I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early withdrawal charge for the period specified in the policy.**

X John Doe Owner's Signature X Joint Owner's Signature (if applicable)
Signed at (city/state): Any, USA XXXXX on (date): 5/31/2007

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent Licensed Agent's Signature ABC Insurance Agency Agency Name and Number
Bill Agent State Lic. #: 1234 Agent #: 007
Licensed Agent (Print name)

DISCLOSURES

[REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- AIG Annuity Insurance Company (AIGAIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

District of Columbia, Colorado, Kentucky, Kansas, New Mexico, Ohio, and Pennsylvania Residents Only: 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.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

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

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 09/08/2008
Comments:
Attachment:
ComplianceCert-WY.pdf

Review Status:
Satisfied -Name: Statement of Variability 09/09/2008
Comments:
Attachment:
SOV-108-5X.pdf

Review Status:
Satisfied -Name: Readability 09/09/2008
Comments:
Attachment:
FLESCH-AR-Lower_Score.pdf

AIG ANNUITY LIFE INSURANCE COMPANY

The following Certificate must accompany LIFE, HEALTH, AND ACCIDENT policy forms, supplements and riders:

Policy Forms: 108-5X

We hereby certify that we have carefully reviewed the policy form (or forms) listed above, submitted with this Certificate, and to the best of our knowledge and ability find:

- (1) That the said form (or forms) conforms to all Wyoming statutory and Departmental requirements.
- (2) That the said policy form (or forms) contains no provision or provisions previously disapproved or called to our attention by the Insurance Department of the State of Wyoming, except as specifically noted on the reverse side of this certificate.

Adrienne Redd
Adrienne Redd
Legal Analyst

September 9, 2008
Date

Statement of Variability for Form 108-5X

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

- Product Name (Marketing Name): To allow for future changes in the marketing name for the annuity.
- Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.
- Interest Rate Options: To allow for flexibility in offering different interest rate guarantee period options. For example, depending on economic and market conditions, it may be necessary to remove from the market certain rate options, etc. In addition, we have included blanks for the current crediting rate and bonus rates to be completed. Any changes to interest rate guarantee period, the current crediting rate, and the bonus rate will be applicable to new issues only.
- Minimum Guaranteed Rate: We have included a space for the current minimum guaranteed interest rate to be completed. Any changes to the minimum guaranteed rate will be applicable to new issues only.
- Qualified Information: To allow for flexibility in the information collected and Tax Qualified Plans offered, and the ability to make changes that comply with applicable state or federal requirements.
- Replacement Information: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
- Fraud and Disclosure Statements: The ability to add or change the fraud warnings or state notices if required by states and to facilitate language changes due to future state requirements. No changes would be made unless required by state law.



Tracey Harris
Vice President
September 9, 2008

CERTIFICATION

**AIG ANNUITY INSURANCE COMPANY
NAIC #70432**

The following form achieved a Flesch score below the minimum required in your state. However, in accordance with Ark. Stat. Ann. 23-80-206 3(d) we respectfully request that the form be approved.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
108-5X	FPDA Application	28.5

Adrienne Redd

Adrienne Redd
Legal Analyst

September 9, 2008

Date