

SERFF Tracking Number: AGNN-126010979 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41936
Company Tracking Number: 108-3X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: 108-3X
Project Name/Number: 108-3X/108-3X

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: 108-3X

TOI: A021 Individual Annuities- Deferred Non-
Variable

Sub-TOI: A021.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: AGNN-126010979 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41936

Co Tr Num: 108-3X

Co Status:

Author: Lauren Cole

Date Submitted: 01/28/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/30/2009

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 108-3X

Project Number: 108-3X

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/30/2009

State Status Changed: 01/30/2009

Corresponding Filing Tracking Number:

Filing Description:

January 28, 2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/11/2008

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

VIA SERFF

Re: AIG Annuity Insurance Company

NAIC#: 70432

SERFF Tracking Number: AGNN-126010979 State: Arkansas
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FEIN#: 75-0770838

Form#: 108-3X Deferred Annuity Application

Dear Mr./Ms.:

Enclosed is a copy of the above-referenced application form submitted for your review and approval. This form is new and does not replace any form previously approved by your Department. This filing does not contain any unusual or possibly controversial items from normal company or industry standards.

The form will be marketed to individuals through financial institutions. This filing does not contain any unusual or controversial items.

Form 108-3X is a deferred fixed annuity application currently intended for forms A108-98 approved March 27, 1998. We also seek approval of this form for general use with our annuity contracts that meet the guarantee periods offered with this application as they are approved by your state.

This application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assume that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

If you have any questions or need additional information, please contact me at 1-800-262-4764 x6006 or at Lauren.Cole@aigretirement.com. I look forward to your formal notification of approval.

Sincerely,

Lauren Cole
Associate Director

Attachments

SERFF Tracking Number: AGNN-126010979 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/30/2009	01/30/2009

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Disposition

Disposition Date: 01/30/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.



AIG Annuity Insurance Company
 A Stock Company
 205 East 10th Avenue
 Amarillo, Texas 79101-3546
 Telephone: 800.424.4990

Deferred Annuity Application

5 Year 7 Year]

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

Name: John Doe Sex: Male Age: 35 DOB: 01/01/73
 Address: 123 main st Marital Status: Married SSN: 999-99-9999
Anywhere USA XXXX 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: _____ 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: Jane Doe Relationship: Wife
 Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for a full year without any withdrawals.) The minimum guaranteed interest rate for the life of your policy is [_____]%.
 [1] year The Interest Rate on the Initial Premium is [_____]% for 1 year. In addition, a premium enhancement equal to [_____]% of the Initial Premium will be credited to your annuity value on the Policy Date.
 [3] year The Interest Rate on the Initial Premium is [_____]% for 3 years. This rate includes a [_____]% bonus payable for [3] years.
 [5] year The Interest Rate on the Initial Premium is [_____]% for the first year and [_____]% for years [_____] through [____].

PURCHASE PAYMENT

Policy Number: SPECIMEN Policy Date: 08/01/2008
 Initial Premium Payment: \$ 1,000.00 Annuity Income Date: 08/01/2038

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 401 Corporate Plan 403(b) TSA 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. I have read and understand the important disclosures located on the reverse of this application. I represent that all statements and answers in this application are complete and true, on my behalf and any person who may claim any interest under this policy.

X John Doe X
 Owner's Signature Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere USA on (date): 08/01/2008

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 ABC Insurance Agency #1234
 Licensed Agent's Signature Agency Name and Number

Bill Agent State Lic.#: 4321 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.]

<i>SERFF Tracking Number:</i>	<i>AGNN-126010979</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AIG Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>41936</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/28/2009

Comments:

see attachment

Attachment:

Flesch Cert.pdf

Review Status:

Satisfied -Name: Statement of Variability

01/28/2009

Comments:

see attachment

Attachment:

SOV-108-3X.pdf

CERTIFICATION

AIG ANNUITY INSURANCE COMPANY, NAIC #70432, 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>
108-3X	Deferred Annuity Application	45.0



Tracey Harris
Vice President

January 28, 2009
Date

Statement of Variability for Form 108-3X

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:

- Interest Rate Options: To allow for flexibility in offering different interest rate guarantee period options. Possible guarantee period options are 1, 2, 3, 5, and 7 years.
- Minimum Guaranteed Rate: We have included a space for the current minimum guaranteed interest rate to be completed. Any changes to interest rate guarantee period, the current crediting rate, the bonus rate and the minimum guaranteed rate will be applicable to new issues only.
- The guaranteed minimum interest rate in the above captioned form is submitted on a variable basis. The minimum guaranteed interest rate is denoted as variable by the use of brackets []. The rate will range between 1.0% to 3.50% and is tied to the five-year Constant Maturity Treasury Rate. Any changes will be applicable only to new issues.
- 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.



Tracey Harris
Vice President
January 28, 2009