

SERFF Tracking Number: AGNN-126355048 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43928
Company Tracking Number: 109-9X
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: 109-9X
Project Name/Number: /

Filing at a Glance

Company: Western National Life Insurance Company

Product Name: 109-9X SERFF Tr Num: AGNN-126355048 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 43928
Variable Closed
Sub-TOI: A02I.002 Flexible Premium Co Tr Num: 109-9X State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Angie Fox Disposition Date: 10/29/2009
Date Submitted: 10/28/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/29/2009 Explanation for Other Group Market Type:
State Status Changed: 10/29/2009
Deemer Date: Created By: Angie Fox
Submitted By: Angie Fox Corresponding Filing Tracking Number:
Filing Description:
This form is new and does not replace any form previously approved by your Department. This filing does not contain any unusual or controversial items.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

This form will be marketed to individuals through financial institutions and will be home office and field issued.

Form 109-9X is a deferred fixed annuity application that will be used with contracts A116-98 and A117-98, both

SERFF Tracking Number: AGNN-126355048 State: Arkansas
 Filing Company: Western National Life Insurance Company State Tracking Number: 43928
 Company Tracking Number: 109-9X
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: 109-9X
 Project Name/Number: /

approved by your Department on 09/29/2008. We are also seeking approval of this application on a general use basis with our individual, fixed deferred annuity contracts approved by your Department that have specifications that match this application.

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, you may contact me at 1 800 262-4764 x6050 or via e-mail at angie.fox@valic.com. Our fax number is 713-831-6932. I look forward to your formal notification of approval.

Company and Contact

Filing Contact Information

Angie Fox, angie.fox@aigretirement.com
 2919 Allen Parkway, L10-30 713-831-6050 [Phone]
 Houston, TX 77019 713-831-6932 [FAX]

Filing Company Information

Western National Life 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) 831-6006 ext. [Phone] FEIN Number: 75-0770838

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: the fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included in this submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western National Life Insurance Company	\$100.00	10/28/2009	31627532

SERFF Tracking Number: AGNN-126355048 State: Arkansas
Filing Company: Western National Life Insurance Company State Tracking Number: 43928
Company Tracking Number: 109-9X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: 109-9X
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/29/2009	10/29/2009

SERFF Tracking Number: AGNN-126355048 *State:* Arkansas
Filing Company: Western National Life Insurance Company *State Tracking Number:* 43928
Company Tracking Number: 109-9X
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: 109-9X
Project Name/Number: /

Disposition

Disposition Date: 10/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

205 East 10th Avenue
Amarillo, Texas 79101
Telephone 800.424.4990

[5 Year 7 Year]

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

Name: John Doe Sex: M Age: 35 DOB: 07/25/1972
Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

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: _____ Relationship: _____

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 [2.00] %.

[1 year with premium enhancement. The Interest Rate on the Initial Premium is [4.10] % for 1 year. In addition, an enhancement equal to 2.00 % 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 [___] % enhancement payable for 3 years.]

[5/7 year. The Interest Rate on the Initial Premium is [___] % for the first year and [___] % for years 2 through ____ .]

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 2/1/2009

Initial Premium Payment: \$ 10,000 Annuity Income Date: 2/1/2039

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 **Western National Life 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 XXXXX on (date): 8/1/2007

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 _____ ABC Insurance Agency #12345 _____
Licensed Agent's Signature Agency Name and Number
Bill Agent State Lic.#: 45678 Agent#: 24-7
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.
- Western National Life Insurance Company (WNLIC) 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.

Colorado, Kentucky, 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.

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

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.]

CERTIFICATION

WESTERN NATIONAL LIFE 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>
109-9X	Deferred Annuity Application	48.8



Tracey Harris
Vice President

October 23, 2009
Date

Statement of Variability for Form 109-9X

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:

- 5 yr. and 7 yr. check box: To allow for future changes in case one policy is discontinued or changed.
- 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 and Minimum Guaranteed Rate: To allow for the ability to offer and/or not offer certain interest rate guarantee periods. 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. Lastly, 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.
- 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.
- Armed Forced Question: To allow for flexibility in the information collected, and to make changes to comply with state or federal requirements.
- 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
Western National Life Insurance Company

October 22, 2009