

SERFF Tracking Number: AMGN-126379975 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 44083
Company Tracking Number: AGLC101493A-2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/AGLC101493A-2009

Filing at a Glance

Company: American General Life Insurance Company

Product Name: Deferred Annuity Application SERFF Tr Num: AMGN-126379975 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44083
Variable Closed
Sub-TOI: A02I.003 Single Premium Co Tr Num: AGLC101493A-2009 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Nancy Smith, Janice Hooley Disposition Date: 11/13/2009
Date Submitted: 11/12/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Deferred Annuity Application
Project Number: AGLC101493A-2009
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/13/2009

Deemer Date:
Submitted By: Janice Hooley

Filing Description:
American General Life Insurance Company
NAIC: 012-60488
FEIN: 25-0598210

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: Submitted in our
domicile state of Texas.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 11/13/2009
Created By: Janice Hooley
Corresponding Filing Tracking Number:
AGLC101493A-2009

Re: AGLC101493A-2009 – Deferred Annuity Application

SERFF Tracking Number: AMGN-126379975 State: Arkansas
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Variable
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Dear Sir or Madam:

This application is being submitted for your consideration and approval. It is new and when approved will not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This application will be used by licensed agents when selling to applicants applying for any of our approved individual deferred annuity contracts. Please note that brackets have been added to Sections 5 and 6 so that our new products can be added and discontinued products removed without refiling.

In the event the applicant does have existing life insurance or annuity coverage and answers the replacement question "yes" the agent will then present and complete replacement-related forms.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the questions, provisions, and type font, size (but not less than 10 point) and color.

The application has been written using simplified language. The Flesch Readability score is 52.032 (106 words, 5 sentences and 167 syllables)

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 3194. You may also reach me via e-mail at the following address: Nancy.M.Smith@aglife.com.

Sincerely,

Nancy Smith
Compliance Administrator

Company and Contact

Filing Contact Information

Nancy Smith, Manager nancy.m.smith@aglife.com
2929 Allen Parkway 713-831-3194 [Phone]
Mail Stop A38-40 713-342-7550 [FAX]
Houston, TX 77019

Filing Company Information

SERFF Tracking Number: AMGN-126379975 State: Arkansas
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 American General Life Insurance Company CoCode: 60488 State of Domicile: Texas
 2727-A Allen Parkway Group Code: 12 Company Type:
 Houston, TX 77019 Group Name: AIG State ID Number:
 (713) 831-3508 ext. [Phone] FEIN Number: 25-0598210

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	11/12/2009	31987058

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/13/2009	11/13/2009

SERFF Tracking Number: AMGN-126379975 State: Arkansas
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 Company Tracking Number: AGLC101493A-2009
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 Product Name: Deferred Annuity Application
 Project Name/Number: Deferred Annuity Application/AGLC101493A-2009

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Deferred Annuity Application		Yes

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Form Schedule

Lead Form Number: AGLC101493A-2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC101493A-2009	Application/Deferred Annuity Enrollment Application Form	Initial		52.032	AGLC101493A-2009 Deferred Annuity Application.pdf

American General Life Insurance Company (AGL)

[A subsidiary of American International Group, Inc.]

Home Office: P.O. Box 3018, Houston, TX 77253-3018

Instructions: Please type or print in black ink.

If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under Section 7, Special Remarks.

1. Owner	(If additional space is needed use Section 7, Special Remarks and check this box. <input type="checkbox"/>)
INDIVIDUAL/OWNER NO. 1	Name (FIRST, MI, LAST): Mr/Mrs/Ms <u>John H. Doe</u>
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): <u>04 / 01 / 1974</u> Age: <u>35</u>
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
	Phone Number (DAYTIME): <u>(111) 555-1212</u> SSN/TAX ID: <u>123-45-6789</u>
	Address (STREET): <u>123 Any Street</u>
	City: <u>My Town</u> State: <u>USA</u> Zip: <u>10000</u>
Owner's Email Address is Required (If none exists, enter NA): _____	
OWNER NO. 2	Name (FIRST, MI, LAST): Mr/Mrs/Ms _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Age: _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
	Phone Number (DAYTIME): () _____ SSN/TAX ID: _____
	Address (STREET): _____
	City: _____ State: _____ Zip: _____ Relationship to other Owner: _____
<input type="checkbox"/> Trust Date of Trust (MM/DD/YYYY): _____ / _____ / _____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
NON-NATURAL OWNER	Full Name _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
	Phone Number: () _____ Tax or Employer ID Number: _____
	Address (STREET): _____
	City: _____ State: _____ Zip: _____
	Trustee's Name (IF TRUST IS NAMED): _____ <i>Trusts: If the Owner will be a trust, please submit the first and signature pages of the trust document, and the completed Trust Affidavit, form #AGLC102505</i>
2. Annuitant	(Complete if Owner and Annuitant are different.)
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): _____ / _____ / _____ SSN/TAX ID: _____	
Address (STREET): _____ City: _____ State: _____ Zip: _____	
Annuitant Email: _____ Relationship to Owner: _____	
If a Joint Annuitant is involved then complete the same information requested above in Section 7, Special Remarks.	
3. Beneficiary Information	(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)
If joint owners are listed above, this will be your Contingent Beneficiary unless you check here <input type="checkbox"/> to indicate that this is your Primary Beneficiary.	
Name: <u>Janet Doe</u> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	
<u>100</u> % SSN/Tax ID: <u>123-45-9867</u> Relationship to Owner: <u>daughter</u>	
Name: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
_____ % SSN/Tax ID: _____ Relationship to Owner: _____	
<i>If more than 2 Beneficiaries then list the same information requested above in Section 7, Special Remarks, or on a separate sheet signed by the Owner and check this box. <input type="checkbox"/></i>	

4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **AMERICAN GENERAL LIFE INSURANCE COMPANY**. Do not make checks payable to the agent or leave payee blank.

Premium Payment: \$ 50,000 **Premium Type:** Single Flexible Modal (Complete EFT Section below)

Method: (check all that apply) §1035 Exchange/Trustee Transfer Check attached Wire transfer

Source of Premium: Non-qualified IRA Roth IRA Other _____
 Qualified* (plan type/name) _____

* Qualified: Funds from a retirement plan such as Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

Electronic Funds Transfer (EFT)

Payment Amount (Flex Products only) \$ _____

Mode: Monthly Quarterly Semi-Annually Annually **Starting Date**(MM/DD/YYYY): _____ / _____ / _____

Account: Checking (attach voided check) Savings (attach deposit slip)

Name on Account: _____ **Account Number:**

Name of Institution: _____ **ABA Routing/Transit Number:**

Telephone Number: _____

I authorize AGL to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to the account indicated above. **(Owner's initials)** _____

5. Type of Annuity

(Select one of the following.) (Not all products qualify for all sections.)

Type of Annuity requested: Non-qualified | **IRA:** Traditional Roth SEP
Qualified Plan: 412i Other _____

6. Annuity Product

(Select one of the following.)

[Single Premium Traditional

- AG HorizonMYGSM
- AG HorizonPlus
- AG HorizonSelect® - 5 year 7 year 10 year
- AG HorizonSecure - 5 year 7 year

Flexible Premium Traditional

- AG HorizonFlex®

Single Premium Index - Must complete the Supplemental Application

- AG HorizonIndex®
- AG EmergingEdge®
- AG VisionAdvantage®
- AG VisionMaximizer®
- AG Global Bonus Index® Annuity

Flexible Premium Index - Must complete the Supplemental Application

- AG Global 6 Index® Annuity
- AG Global 8 Index® Annuity

7. Special Remarks

8. Replacement

This section must be completed in its entirety.

1. Do you have any existing or pending annuity contract or life insurance policy? Yes No
2. Is this annuity intended to replace or change any existing annuity contract or life insurance policy? * Yes No

If you answered "yes" to question 2, always complete any applicable replacement forms required by the state. Except, however, there are certain states requiring completion of the replacement notice form even when existing or pending life insurance or annuities are not being replaced by the annuity contract being applied for; in these states, complete the replacement notice form when you answered "yes" to question 1 regardless of how you answered question 2.

* "Replace" means that the annuity contract being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract.

9. Owner Signatures

On behalf of myself and any person who may claim any interest under the contract I represent all statements set forth are complete and true as written and correctly recorded to the best of my knowledge and belief. I declare: (a) that if a Market Value Adjustment feature is shown on the Owner's Acknowledgement presented with this application, I understand how this feature affects my contract, including any funds withdrawn from the contract; (b) I have read and understand the disclosures on page 4 of this application; and (c) I understand a copy of this application will be attached and made part of this contract when issued.

Signed at My Town USA on 09/01/2009
CITY STATE DATE

X John Doe X _____
OWNER JOINT OWNER (IF APPLICABLE)

10. Agent Signatures

The agent must complete this section in its entirety.

- Does the Owner have any existing or pending annuity or life insurance contracts? Yes No
- To the best of your knowledge, is this annuity being purchased to replace or change any existing insurance or annuity? Yes No

I certify that the information provided by the Owner has been truthfully and accurately recorded on the application.

X Sam Broker
AGENT/BROKER SIGNATURE

Sam Broker
AGENT NAME (PRINT)

AGENT TELEPHONE NUMBER

Disclosures

For Arizona Residents Only: Upon written request, we will provide you with factual information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with your annuity contract for any reason, you may return it within 20 days (30 days if you were age 65 or above on the date of application) after receipt for a refund of premium.

REDEMPTIONS FROM QUALIFIED PLANS: Distributions from employer-sponsored retirement programs will be subject to any limitations imposed by the plan.

FRAUD WARNING (Please check the box next to the appropriate signature state if listed.)

- Arkansas, North Dakota, Ohio, 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 Residents Only:** 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 for the purpose of defrauding or attempting to defraud the 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.
- Kentucky, New Mexico 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.
- Florida Residents Only:** 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.
- District of Columbia, Louisiana, Maryland and Massachusetts 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.
- 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.
- Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Tennessee 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.
- Maine, 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.

In all other states: 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.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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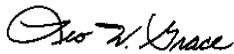
Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments:</p> <p>AR Flesch Certification.pdf</p> <p>ARCertificate of Compliance with Rule 19.pdf</p>		
<p>Bypassed - Item: Application</p> <p>Bypass Reason: Not applicable, Deferred Annuity Application filing</p> <p>Comments:</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo</p> <p>Bypass Reason: Not applicable, Application Filing</p> <p>Comments:</p>		

AMERICAN GENERAL LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Form No(s). AGLC101493A-2009 have (has) achieved Flesch Reading Score of 52.032 and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI
Vice President
American General Life Insurance Company

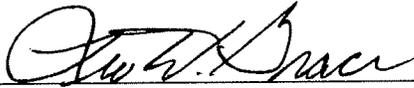
November 12, 2009
Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American General Life Insurance Company

Form Number(s): AGLC101493A-2009- Deferred Annuity Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

November 11, 2009

Date