

SERFF Tracking Number: AGNN-126401236 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 44217
Company Tracking Number: VL 21560 VER 5/2009
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Fixed & Variable Annuity Application
Project Name/Number: VL 21560 VER 5/2009/VL 21560 VER 5/2009

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Fixed & Variable Annuity SERFF Tr Num: AGNN-126401236 State: Arkansas

Application

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44217
Variable and Variable Closed

Sub-TOI: A02.11.002 Flexible Premium

Closed

Filing Type: Form

Co Tr Num: VL 21560 VER 5/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Nancy R Smith

Disposition Date: 12/04/2009

Date Submitted: 12/01/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: VL 21560 VER 5/2009

Status of Filing in Domicile: Pending

Project Number: VL 21560 VER 5/2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 12/04/2009

Explanation for Other Group Market Type:

State Status Changed: 12/04/2009

Deemer Date:

Created By: Nancy R Smith

Submitted By: Nancy R Smith

Corresponding Filing Tracking Number:

Filing Description:

The form included in this SERFF filing is being submitted for your review and approval. This form is new and does not replace any forms previously approved by your Department. This filing does not contain any unusual or controversial items.

Form VL 21560 VER 5/2009 is an application form for use with our Individual Qualified and Non-Qualified Portfolio Director annuity contracts previously approved contracts. The variable investment list is being filed as variable information [bracketed]. The investment options list will only be changed to reflect name changes or funds that may be

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eliminated. We will not add any new funds without filing. A statement of variability is enclosed which details all variable information. We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

We respectfully request exemption from the readability requirements since it is a variable product and is subject to federal regulation.

Please contact me at 1.800.262.4764 x6070 or via e-mail at Nancy.R.Smith@valic.com if I can assist with your review. I look forward to your formal notification of approval.

Sincerely,
 Nancy R Smith – Compliance Analyst Sr

Company and Contact

Filing Contact Information

Nancy R. Smith, Compliance Analyst Sr Nancy.R.Smith@valic.com
 2929 Allen Parkway, L10-30 800-262-4764 [Phone] 6070 [Ext]
 Houston, TX 77019-2155 713-831-6932 [FAX]

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas
 2929 Allen Parkway, L10-30 Group Code: 11 Company Type:
 Houston, TX 77019 Group Name: State ID Number:
 (713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: TEXAS FEE IS \$100 FOR FILING THIS FORM.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	12/01/2009	32389190

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/04/2009	12/04/2009

SERFF Tracking Number: AGNN-126401236 *State:* Arkansas
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Disposition

Disposition Date: 12/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	STATEMENT OF VARIABILITY		Yes
Form	FIXED & VARIABLE ANNUITY APPLICATION		Yes

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Form Schedule

Lead Form Number: VL 21560 VER 5/2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 21560 VER 5/2009	Application/ Enrollment Form	FIXED & VARIABLE ANNUITY APPLICATION	Initial		0.000	VL21560VER 5_2009_JDoe .pdf

VALIC

The Variable Annuity Life Insurance Company

[P.O. Box 15648
Amarillo, TX 79105-5648]

FILED COPY

Welcome to VALIC.

Your individual retirement investment plan is an excellent way to accumulate money for your future. Income from this plan, when combined with other sources of retirement income, such as Social Security, pension benefits and other personal savings, can help you realize your retirement dreams.

Whether you are 25 or 55, retirement is closer than you think. That's why you should start planning, saving and investing right now. Follow these easy steps to get started today.

1) Complete and sign the enclosed Portfolio Director® Fixed and Variable Annuity Application using the instructions provided on the inside cover.

2) Mail the first 3 pages of the Application to VALIC (as indicated on the Application).

You will have a "free look" period that allows for cancellation and the refund of contributions made once you receive your contract. If the annuity you are applying for replaces an existing annuity or life insurance policy, the free look period is extended up to 30 days. Additional information regarding the "free look" period is detailed in the contract.

We are committed to provide you with quality service. Once your retirement account is established, you may access your account information 24 hours a day, seven days a week, through our Web site, [www.valic.com]. To ensure complete confidentiality for your account, you must first establish a personal identification number (PIN). To set up your PIN, go to [www.valic.com] and click on "VALIC Online" in the Login section. Click "I am a new user" and follow the simple instructions to complete establishment of your PIN.

We appreciate your business and look forward to helping you achieve your retirement savings goals.

Sincerely,



Calvin L. King
Vice President, Client Care Center

ENROLLMENT INSTRUCTIONS

1. CLIENT/OWNER INFORMATION

Please provide us with some basic information about yourself so we can establish a retirement account in your name. Though we are required to have your Residence Address, you may provide us with another address (Mailing Address) to which we will send important information such as account statements.

2. CLIENT/OWNER INVESTOR PROFILE

We are required to gather and maintain certain investor information. Please provide us your investment objectives for this retirement account.

Your choices are:

- Safety of principal – Suitable for clients with a low tolerance for investment risk and/or a short time horizon. The investor generally seeks to hold securities with little or no price fluctuation.
- Income – Suitable for clients seeking income and protection from inflation. Accepts less fluctuations in investment results by emphasizing more income and capital preservation and less long-term growth.
- Long term growth – Suitable for clients with a moderate to high tolerance for investment risk and a long time horizon. The investor seeks capital appreciation and has little need for current income.

Household income includes all income received by you and other individuals in your household. **Net worth** (excluding primary residence) can be approximated by totaling all cash, personal assets, other property, investments and savings, less your liabilities and debt.

3. ANNUITANT INFORMATION (If different from Owner)

Please provide us with some basic information about the annuitant if the annuitant is someone other than the account owner. For IRA or ROTH IRA accounts, Owner and Annuitant must be the same.

OWNER vs. ANNUITANT (NQDAs only)

The owner and the annuitant may be different only for Non-Qualified Deferred Annuities (NQDAs). The owner has most rights under the contract. The annuitant is the person upon whose life expectancy the contract benefits are based.

4. CONTRIBUTION INVESTMENT ELECTIONS

This section is where you tell us how to invest your retirement contribution. You may invest in one or more of the investment options offered by your retirement plan. You must also determine what percentage – in whole numbers and totaling 100% – of your total contribution will go into each investment. To select your investment options, refer to the list of investment options that appear on the back of the information page(s). A maximum of 20 investment options are permitted.

5. BENEFICIARY DESIGNATION

In this section, you designate who would receive any benefits in the event of your death. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee. If you wish to designate as beneficiaries your current child(ren) and any child(ren) who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

If you identify multiple beneficiaries and one dies before you, the proceeds upon your death will be divided equally among your surviving beneficiaries. Or, if you write "per stirpes" after a beneficiary's name, you are indicating you wish the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If the beneficiary is a minor, or additional space is needed, complete and submit a Beneficiary Designation Form (VL 14945). For questions regarding beneficiary designations and/or to obtain the VL 14945 form, please contact an Enrollment Specialist. We are available Monday through Friday, from 7:30 a.m. to 7:00 p.m. (Central Time) at [1-888-569-7055].

6. DOCUMENT DELIVERY CHOICES

In this section you elect the method by which you will receive important documents relating to your investment account with VALIC. These may include transaction confirmations, account statements and certain regulatory documents such as prospectuses, supplements, proxies, annual and semi-annual financial reports and privacy notices. If you choose paper delivery, hard copies of these documents will be sent to your mailing address. If you choose electronic delivery, your e-mail address is required and you will receive notifications by e-mail when any of these documents have been posted on our Web site. You may then review the document on line and print it, if you choose. Electronic delivery is a free service though you may pay internet service fees to access the internet or receive e-mails.

7. CLIENT/OWNER AFFIRMATIONS AND STATEMENTS

Read the Enrollment Form carefully. Complete the questions as necessary, sign, date and return the Enrollment Form to VALIC using the address or fax number provided on page 1 of the form.



The Variable Annuity Life Insurance Company (VALIC)
Houston, Texas

Portfolio Director® Fixed and Variable
Annuity Application Form

[Plan Group Name]

Return to:

[VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648
United States]

Overnight:

[VALIC Document Control
2271 S.E. 27th Avenue
Amarillo, Texas 79103
United States]

This page must be returned with the completed Application.

From: BILL AGENT
Client Name: JOHN DOE
Client Social Security #: 777-77-7777

VALIC USE ONLY: (Required application processing information)

Agent #: [0000000]

Region #: [0000000]

Group #: [0000000]

Enrollment Media: [Paper]

Plan #: [0000000]

Plan Type: [0000000]

Contribution Source: [0000000]

Subgroup: [0000000]

Product: [0000000]



Portfolio Director® Fixed and Variable Annuity Application

The Variable Annuity Life Insurance Company (VALIC)

For use with individual annuities.

Houston, Texas

Please choose: Roth IRA Individual Retirement Account (IRA) Non-Qualified Deferred Annuity (NQDA)

1. CLIENT/OWNER INFORMATION (Please print clearly.)

Name: JOHN DOE SSN: 777-77-7777
Gender: Male Date of Birth: 10/1/74
U.S. Residence Address: 123 ANY STREET
City: ANYWHERE State: USA ZIP: XXXXX
Home Phone: (713) 555-1222
Employer Name: ABC SCHOOLS
Country: USA
Contingent Owner: MARY DOE SSN or Tax ID: 111-11-1111
Date of Birth: 10/1/74 Relationship: SISTER

2. CLIENT/OWNER INVESTOR PROFILE

Investment Objective: Long-Term Growth
Household Income: Over \$100,000 list amount \$95,000
Net Worth: Over \$100,000 list amount \$250,000
Are you employed by or holding a license with a FINRA member firm? No

3. ANNUITANT INFORMATION (If different from Owner) - NQDA Only

Annuitant: SSN or Tax ID: Date of Birth:
Mailing Address:
City: State: ZIP: Country:

4. CONTRIBUTION INVESTMENT ELECTIONS (Refer to Enrollment Instructions and Information page(s) for assistance.)

Table with 4 columns: Investment Option Name, Investment Option Number, Allocation, and Investment Option Name. Includes entry for FIXED ACCT PLUS with 100% allocation.

Annuity Payments or Surrender Values are variable when based on the investment experience of the Separate Account. They are not guaranteed as to dollar amount.

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder...

5. BENEFICIARY DESIGNATION (Refer to Enrollment Instructions for assistance.)

Prior to designating a beneficiary, please refer to section 5, Beneficiary Designation, on the Enrollment Instructions page, including how to designate a beneficiary who is a minor. List each beneficiary by name. If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentages must total 100%.

PRIMARY:

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
MARY JANE DOE	DAUGHTER	888-88-8888	6-27-71	100

CONTINGENT:

Name(s):	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:

6. DOCUMENT DELIVERY CHOICES (Select One)

Electronic delivery Paper delivery
 E-mail Address: JDOE@YAHOO.COM (Required if electronic delivery option elected)

7. CLIENT/OWNER AFFIRMATIONS AND STATEMENTS

This enrollment is subject to acceptance by the Company at its Home Office. A current prospectus for the Company's Separate Account with the privacy notice was provided with this application.

[Are you as the owner of this account an active duty service member of the United States Armed Forces? No Yes (If yes, complete VL 22059.)

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 in this or any other company? Yes No

If yes, complete the following:

Contract Owner Name: _____ Contract Number(s): _____

Name of Insurance Company: _____

Funds allocated to any Multi-Year Enhanced Fixed Option may be subject to a market value adjustment if funds are withdrawn prior to the end of the applicable term. The adjustment may increase or decrease the account values.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief, and that I have read and understand the information provided in the Information page(s) including Fraud Warnings.

It is understood and agreed that the investment options under the annuity contract are listed in the contract prospectus and will be subject to any other limitations described in the annuity contract or the plan, if applicable.

John Doe
 Client/Owner's Signature

Anywhere, USA 11-1-09
 Signed at City/State Date

Please indicate the best method to contact you if there are any questions regarding this enrollment:

Phone Number: _____ (Provide phone number)

E-mail: JDOE@YAHOO.COM
 (Provide e-mail address)

Please mail this form and any documentation to VALIC (use page 1 for mail instructions).

INFORMATION

[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 WARNINGS

[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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

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

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.

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.

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 who 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.

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.

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 claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[CIVIL UNION/DOMESTIC PARTNER

Civil Union/Domestic Partners are not recognized in all states. Although your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

INVESTMENT OPTION NUMBER AND NAME

- 001 Fixed Account Plus
- 002 Short-Term Fixed Account
- Multi-Year Enhanced Fixed Option: A minimum of \$25,000 is required for each term. All terms may not be available at all times. This option is not available in Pennsylvania. In New Jersey, this option is called Multi-Year Enhanced Option.
- 096 3 Year Term Multi-Year Fixed Option
- 097 5 Year Term Multi-Year Fixed Option
- 098 7 Year Term Multi-Year Fixed Option
- 099 10 Year Term Multi-Year Fixed Option (not available in Oregon)
- 048 Aggressive Growth Lifestyle Fund (Investment)
- 069 Ariel Appreciation Fund
- 068 Ariel Fund
- 005 Asset Allocation Fund (AIG Investment)
- 072 Blue Chip Growth Fund (T. Rowe Price)
- 075 Broad Cap Value Income Fund (Barrow Hanley)
- 039 Capital Appreciation Fund (Bridgeway Capital Mgt.)
- 007 Capital Conservation Fund (AIG Investment)
- 050 Conservative Growth Lifestyle Fund (AIG Investment)
- 058 Core Bond Fund (AIG Investment)
- 015 Core Equity Fund (BlackRock Financial Mgt.)
- 021 Core Value Fund (American Century)
- 089 Foreign Value Fund (Templeton Global)
- 087 Global Equity Fund (Putnam)
- 101 Global Real Estate Fund (Invesco Aim/Goldman Sachs)
- 012 Global Social Awareness Fund (AIG Investment)
- 088 Global Strategy Fund (Franklin Templeton)
- 008 Government Securities Fund (AIG Investment)
- 078 Growth Fund (American Century)
- 016 Growth & Income Fund (SunAmerica)
- 073 Health Sciences Fund (T. Rowe Price)
- 060 High Yield Bond Fund (AIG Investment)
- 077 Inflation Protected Fund (AIG Investment)
- 011 International Equities Fund (AIG Investment)
- 013 International Government Bond Fund (AIG Investment)
- 020 International Growth I Fund (American Century/ Invesco Aim/MFS)
- 033 International Small Cap Equity Fund (AIG Investment)
- 076 Large Cap Core Fund (Evergreen)
- 079 Large Capital Growth Fund (SunAmerica/Invesco Aim)
- 040 Large Cap Value Fund (State Street Global Advisors)
- 070 Lou Holland Growth Fund
- 037 Mid Cap Growth Fund (Invesco Aim)
- 004 Mid Cap Index Fund (AIG Investment)
- 083 Mid Cap Strategic Growth Fund (Brazos/Morgan Stanley)
- 038 Mid Cap Value Fund (Wellington/FAF Advisors)
- 049 Moderate Growth Lifestyle Fund (AIG Investment)
- 006 Money Market I Fund (SunAmerica)
- 044 Money Market II Fund (SunAmerica)
- 046 Nasdaq-100® Index Fund (AIG Investment)
- 017 Science & Technology Fund (T. Rowe Price/ RCM/Wellington)
- 086 Small Cap Aggressive Growth Fund (Wells Capital Mgt.)
- 018 Small Cap Fund (Invesco Aim/T. Rowe Price/ Bridgeway Capital Mgt.)
- 035 Small Cap Growth Fund (JP Morgan)
- 014 Small Cap Index Fund (AIG Investment)
- 084 Small Cap Special Values Fund (Evergreen/Putnam)
- 085 Small-Mid Growth Fund (Evergreen)
- 036 Small Cap Value Fund (JP Morgan)
- 041 Socially Responsible Fund (AIG Investment)
- 010 Stock Index Fund (AIG Investment)
- 059 Strategic Bond Fund (AIG Investment)
- 081 SunAmerica 2015 High Watermark Fund
- 082 SunAmerica 2020 High Watermark Fund
- 074 Value Fund (Oppenheimer)
- 054 Vanguard LifeStrategy Conservative Growth Fund
- 052 Vanguard LifeStrategy Growth Fund
- 053 Vanguard LifeStrategy Moderate Growth Fund
- 022 Vanguard Long-Term Investment-Grade Fund
- 023 Vanguard Long-Term Treasury Fund
- 025 Vanguard Wellington Fund
- 024 Vanguard Windsor II Fund

These are the investment options available in IRA and Roth IRA contracts.

These are the only investment options available in NQDA contracts.]

For more complete information about any of the investment options listed above, including fees, charges and expenses, visit www.valic.com or call [1-800-448-2542] to request a prospectus.

For more complete information about any of the investment options listed above, including fees, charges and expenses or Fixed Account restrictions, visit www.valic.com to view a prospectus.

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: please see filing description under general info tab. Comments:		

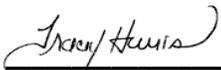
	Item Status:	Status Date:
Satisfied - Item: Application Comments: form is attached under form schedule		

	Item Status:	Status Date:
Satisfied - Item: STATEMENT OF VARIABILITY Comments: Attachment: SOV.pdf		

STATEMENT OF VARIABILITY
APPLICATION/ENROLLMENT FORM: VL 21560 VER 5/2009

1. Page 1, Group Plan Name, Agent #, Region #, Group #, Enrollment Media, Plan #, Plan Type, Contribution Source, Subgroup, and Product are bracketed to allow the appropriate information for the client to be filled in.
2. Section 2, CLIENT/ANNUITANT INVESTOR PROFILE: To allow for flexibility to change these amounts in the future.
3. Section 3, CONTRIBUTION INVESTMENT ELECTIONS: The sample portfolio allocations may change or be adjusted to account for changes or fluctuations in the market.
4. Section 7, Page 3, CLIENT/ANNUITANT AFFIRMATIONS AND STATEMENTS: Bracketed 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.
5. Page 4, INFORMATION: The following items are bracketed to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - a. California Senior Disclosure: This text is bracketed so that we may modify to comply with changes in state law.
 - b. State Specific Fraud Warnings: The state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.
 - c. Civil Union/Domestic Partner: This text is bracketed so that we may modify text to comply with changes in state law.
6. INVESTMENT OPTION NUMBER & NAME: The variable funds in the list of Investment Options will only be changed to reflect name or sub-adviser changes or funds may be eliminated. We will not add any other new funds without filing for approval. The statements after the investment funds list are included in the bracketing so that they may be updated for compliance purposes if necessary.
7. WELCOME LETTER, PAGE 1 & INVESTMENT OPTION PAGE: The address, website address and telephone numbers are bracketed to allow for administrative flexibility. The information will be updated should these change.

The above variability will apply to all application forms during the same time period and will not be used to unfairly discriminate in availability, rate, benefits, or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

November 23, 2009

Date