

SERFF Tracking Number: AGNN-126426553 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 44385
Company Tracking Number: VL 22986 VER 1/2010
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: VL 22986 VER 1/2010
Project Name/Number: /

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 22986 VER 1/2010

SERFF Tr Num: AGNN-126426553 State: Arkansas

TOI: A02G Group Annuities - Deferred Non-variable

SERFF Status: Closed-Approved-Closed State Tr Num: 44385

Sub-TOI: A02G.002 Flexible Premium

Co Tr Num: VL 22986 VER 1/2010 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Lauren Cole, Angie Fox, Nancy R Smith, Adrienne Redd, Natalie Prevost

Disposition Date: 12/22/2009

Date Submitted: 12/21/2009

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: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 12/22/2009

Explanation for Other Group Market Type:

State Status Changed: 12/22/2009

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

Attached is form VL 22986 VER 1/2010, for use with contract form SAC-809, recently approved by your Department on November 30, 2009, under SERFF tracking number AGNN-126389703.

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

Company and Contact

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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

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: the fee for making this filing in our domicile state of Texas is \$100; therefore, \$100 is included with this submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	12/21/2009	32946124

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/22/2009	12/22/2009

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Disposition

Disposition Date: 12/22/2009

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		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Group Fixed Annuity Master Application		Yes

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Form Schedule

Lead Form Number: VL 22986 VER 1/2010

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 22986 VER 1/2010	Application/Group Fixed Annuity Enrollment Master Application Form	Initial		50.000	VL 22986- VER 1- 2010.pdf



FILED COPY

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

VALIC Stable Value Option
Group Fixed Annuity Master Application

SAC-809 Group Fixed Unallocated Annuity

1. APPLICANT

Name: _____ SSN or Tax ID: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ Phone #: (_____) _____

2. TYPE OF PLAN

403(b) Employer Retirement Plan 457 Deferred Compensation Plan 401(a) or 403(a) Employer Retirement Plan
401(k) Employer Retirement Plan Other: _____
Name of Plan: _____

3. ADDITIONAL INFORMATION/REQUESTS

4. REPLACEMENT

Is this a replacement of an existing group contract? Yes No
If yes, complete the following:
Contract Owner Name: _____ Contract Number(s): _____
Name of Insurance Company: _____
Will this group contract replace, discontinue or change any group contract in this or any other company? Yes No

5. STATEMENTS/AGREEMENTS FOR GROUP FIXED ANNUITY CONTRACTS

Authorization
The Applicant represents that it has full authority to make this Application and enter into the contract. The Applicant has read and understands any applicable Fraud Warning information provided in the Information page.

Signatures

Applicant's Signature Applicant's Title
Signed at City/State Date

6. LICENSED AGENT/FINANCIAL ADVISOR OF RECORD

Agent #: _____ Region Code: _____ State License #: _____ Issue State (Abv): _____

To the best of my knowledge the group has an existing group contract. Yes No
Do you have any reason to believe the annuity applied for will replace or change any existing group contract? Yes No
As Agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? Yes N/A
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent/Registered Representative (Print Name) Licensed Agent/Registered Representative's Signature
Principal's Signature Date
Date of Input: _____ Week Ending: _____

Information

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 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 and Rhode Island 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.]

Please send completed forms to:

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

Overnight Delivery

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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FLESCH-AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:		

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, 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>
VL 22986 VER 1/2010	Group Fixed Annuity Master Application	50



Tracey Harris
Vice President

December 21, 2009
Date