

<i>SERFF Tracking Number:</i>	<i>AGNN-126011514</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AIG Annuity Insurance Company</i>	<i>State Tracking Number:</i>	<i>41401</i>
<i>Company Tracking Number:</i>	<i>208-2X</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Single Premium Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	<i>Single Premium Deferred Annuity Application/208-2X</i>		

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: Single Premium Deferred Annuity Application
 SERFF Tr Num: AGNN-126011514 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-Variable
 SERFF Status: Closed State Tr Num: 41401

Sub-TOI: A02I.003 Single Premium
 Co Tr Num: 208-2X State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Nancy R Smith Disposition Date: 02/04/2009

Date Submitted: 01/29/2009 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium Deferred Annuity Application

Project Number: 208-2X

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/04/2009

State Status Changed: 02/04/2009

Corresponding Filing Tracking Number:

Filing Description:

The form included in this SERFF filing is being submitted for your review and approval. The form is new and does not replace any form previously approved by your Department. The filing includes no assumption or provisions that unfairly discriminate in availability, rates, benefits, or any other way for prospective insureds of the same class, equal expectation of life, and degree of risk. This filing does not contain any unusual or controversial items. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/11/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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laws, rules, regulations and bulletins of your state, and such form contains no provisions previously disapproved by your Department. We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138. This form was approved in our domicile state of Texas on 8/11/08.

Form 208-2X is a single premium deferred fixed annuity application which will be used with policy form A109-98, approved by your Department on 3/27/97.

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.

Company and Contact

Filing Contact Information

Nancy R. Smith, Legal Analyst
 2929 Allen Parkway, L10-30
 Houston, TX 77019-2155

Nancy_R_Smith@aigvalic.com
 (800) 262-4764 [Phone]
 (713) 831-6932[FAX]

Filing Company Information

AIG Annuity Insurance Company
 2929 Allen Parkway, L10-30
 Houston, TX 77019
 (713) 831-1305 ext. [Phone]

CoCode: 70432
 Group Code: 12
 Group Name:
 FEIN Number: 75-0770838

State of Domicile: Texas
 Company Type:
 State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	The fee for filing this form in our domicile state of Texas is \$50.00.
Per Company:	No

SERFF Tracking Number: AGNN-126011514 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41401
Company Tracking Number: 208-2X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Single Premium Deferred Annuity Application
Project Name/Number: Single Premium Deferred Annuity Application/208-2X

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Annuity Insurance Company	\$50.00	01/29/2009	25355744

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/04/2009	02/04/2009

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Product Name: Single Premium Deferred Annuity Application
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Disposition

Disposition Date: 02/04/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Single Premium Deferred Annuity Application

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

Name: John Doe Sex: M Age: 35 DOB: 1/4/1974
Address: 123 Any Street Married Single Civil Union Partner SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713-555-1234

JOINT OWNER (Optional. Non-Qualified Annuities only.)

Name: _____ Sex: _____ Age: _____ DOB: _____
 Married Single Civil Union Partner 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: _____ Daytime 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 the applicable term without any withdrawals.) The minimum guaranteed interest rate for the life of the policy is [2.00].

[1] yr The Interest Rate on the Single Premium is [4.00]% for [1] year. In addition, a premium enhancement equal to [2.00]% of the Single Premium will be credited to your annuity value on the Policy Date.

[3] yr The Interest Rate on the Single Premium is [___]% for [3] years. This rate includes a [___]% bonus payable for [3] years.

[7] yr The Interest Rate on the Single Premium is [___]% for the first year and [___]% for years [2] through [7].

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 01/01/09

Single Premium Payment: \$ 10,000 Annuity Date: 01/01/09

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 XXXXX on (date): 01/01/09

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 #4321 _____
Licensed Agent's Signature Agency Name and Number

Bill Agent _____ State Lic.#: 1234 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.
- 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 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.

Maryland Residents Only: Any person who knowingly and willfully presents a 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.

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.]

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 01/28/2009
Comments:
Attachment:
Flesch.pdf

Review Status:
Satisfied -Name: Statement of Variability 01/29/2009
Comments:
Attachment:
208-2X_SOV.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>Flesch Score</u>
208-2X	Single Premium Deferred Annuity	47



Nancy R. Smith
Legal Analyst

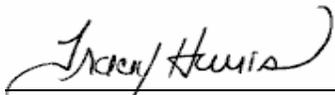
29 January 2009
Date

Statement of Variability for Forms:

208-2X

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:

- 1) Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.
- 2) Interest Rate Options, Guaranteed Minimum Rate and Premium Enhancement: 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. The guaranteed minimum interest rate may range between 1.0% to 3.50%. The premium enhancement may range between .5% to 5.00%. 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.
- 3) 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.
- 4) 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.
- 5) 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

29 January 2009

Date