

SERFF Tracking Number: AGNN-126019144 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41457
Company Tracking Number: 205-4X
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.003 Single Premium
Variable and Variable
Product Name: Index Annuity App
Project Name/Number: /205-4X

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: Index Annuity App

SERFF Tr Num: AGNN-126019144 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non-
Variable and Variable

SERFF Status: Closed

State Tr Num: 41457

Sub-TOI: A02.11.003 Single Premium

Co Tr Num: 205-4X

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Natalie Prevost

Disposition Date: 02/05/2009

Date Submitted: 02/03/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 205-4X

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously
filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/05/2009

State Status Changed: 02/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

February 3, 2009

VIA SERFF

Re: AIG Annuity Insurance Company

SERFF Tracking Number: AGNN-126019144 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41457
Company Tracking Number: 205-4X
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.003 Single Premium
Variable and Variable
Product Name: Index Annuity App
Project Name/Number: /205-4X

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/05/2009	02/05/2009

SERFF Tracking Number: AGNN-126019144 *State:* Arkansas
Filing Company: AIG Annuity Insurance Company *State Tracking Number:* 41457
Company Tracking Number: 205-4X
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.003 Single Premium
Variable and Variable
Product Name: Index Annuity App
Project Name/Number: /205-4X

Disposition

Disposition Date: 02/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126019144 State: Arkansas
 Filing Company: AIG Annuity Insurance Company State Tracking Number: 41457
 Company Tracking Number: 205-4X
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.003 Single Premium
 Variable and Variable
 Product Name: Index Annuity App
 Project Name/Number: /205-4X

Form Schedule

Lead Form Number: 205-4X

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	205-4X	Application/ Enrollment Form	Single Premium Deferred Annuity Application	Initial		25	205-4X_JDoe_Ap p.pdf



AIG Annuity Insurance Company
 A Stock Company
 205 East 10th Avenue
 Amarillo, Texas 79101-3546
 Telephone: 800.424.4990

Single Premium Deferred Annuity Application

MVA Term Selected: [7.5] Year Term

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

Name: John Doe Sex: M Age: 35 DOB: 1/1/1974
 Address: 123 Any Street Married Single Civil Union Partner SSN: 123-45-6789
Any City, 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 guaranteed minimum interest rate for the life of your policy is [2.00%].

[Years 1: 7.75 %] Years [2] through [7.5]: [4.75 %]
 Term Period: 5 Year 7.5 Year 8 Year 9 Year 10 Year

PURCHASE PAYMENT

Policy Number: H12345 Policy Date: 1/15/2009
 Single Premium Payment: \$ 10,000 Annuity Date: 1/15/2039

PLAN TYPE (required): Non-Qualified Qualified

Tax-Qualified Plans: Traditional IRA Roth IRA 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. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application to the best of my knowledge and belief are complete and true. I have read and understand the important disclosures located on the reverse of this application.

Please initial if applicable: JD I am applying for a market-value adjustment annuity. **I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.**

John Doe _____ Joint Owner's Signature (if applicable)
 Owner's Signature on (date): 1/15/2009
 Signed at (city/state): Any City, USA XXXXX

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.

Bill Agent _____ ABC Agency #12345
 Licensed Agent's Signature Agency Name and Number
 Bill Agent State Lic.#: 6789 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, 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.]

SERFF Tracking Number: AGNN-126019144 *State:* Arkansas
Filing Company: AIG Annuity Insurance Company *State Tracking Number:* 41457
Company Tracking Number: 205-4X
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.003 Single Premium
Variable and Variable
Product Name: Index Annuity App
Project Name/Number: /205-4X

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126019144 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41457
Company Tracking Number: 205-4X
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.003 Single Premium
Variable and Variable
Product Name: Index Annuity App
Project Name/Number: /205-4X

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** 02/03/2009
Comments:
Attachment:
FLESCH-lower-score.pdf

Satisfied -Name: SOV **Review Status:** 02/03/2009
Comments:
Attachment:
SOV-205-4X.pdf

CERTIFICATION

**AIG ANNUITY INSURANCE COMPANY
NAIC #70432**

The following form achieved a Flesch score below the minimum required in your state. However, in accordance with Ark. Stat. Ann. 23-80-206 3(d) we respectfully request that the form be approved.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
205-4X	Single Premium Deferred Annuity Application	24.7

Natalie Prevost

Natalie Prevost
Legal Analyst

February 3, 2009

Date

Statement of Variability for Form 205-4X

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:

- 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: To allow for flexibility in offering different interest rate MVA terms. For example, depending on economic and market conditions, it may be necessary to remove from the market certain term period, etc. In addition, we have included blanks for the current crediting rate and bonus rates to be completed. Any changes to interest rate MVA terms, the current crediting rate, and the bonus rate will be applicable to new issues only.
- Minimum Guaranteed Rate: We have included a space for the current minimum guaranteed interest rate to be completed. Any changes to the minimum guaranteed rate will be applicable to new issues only.
- 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.
- 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
February 3, 2009