

SERFF Tracking Number: AMGN-126032695 State: Arkansas  
Filing Company: AIG Life Insurance Company State Tracking Number: 41647  
Company Tracking Number: LIFE U/W QUESTIONNAIRES  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Underwriting Forms  
Project Name/Number: Life Underwriting Forms/

## Filing at a Glance

Company: AIG Life Insurance Company  
Product Name: Life Underwriting Forms  
TOI: L08 Life - Other

SERFF Tr Num: AMGN-126032695 State: Arkansas  
SERFF Status: Closed-Approved- State Tr Num: 41647  
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: LIFE U/W State Status: Approved-Closed  
QUESTIONNAIRES

Filing Type: Form

Reviewer(s): Linda Bird  
Author: Karyn Enriquez Disposition Date: 02/25/2009  
Date Submitted: 02/20/2009 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Life Underwriting Forms  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 02/25/2009

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 02/25/2009  
Created By: Karyn Enriquez  
Corresponding Filing Tracking Number: LIFE  
U/W QUESTIONNAIRES

Deemer Date:  
Submitted By: Karyn Enriquez

Filing Description:

These forms are being submitted for your consideration and approval. They are new and do 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.

The Personal Financial Questionnaire (form AGLC103330) and the Business Financial Questionnaire (form AGLC103331) will be used during the underwriting of larger amount life insurance applications. The Personal Financial

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Questionnaire will be completed if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. The Business Financial Questionnaire will be completed if the purpose is business related such as key person, cross purchase or creditor insurance.

The Short Health Statement (form AGLC0015-99 Rev0209) will be used in the underwriting process to confirm that health statements on the application are still true and unchanged. Any changes which have occurred will be noted on the form and reviewed by an underwriter.

These forms have been written in simplified language. The Flesch readability scores are indicated on the Forms Schedule tab for each form as well as on the Readability Certification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

If you have any questions or need additional information please don't hesitate to call or email me.

Sincerely,

Karyn J. Enriquez, AIRC, HIA, LTCP, MHP, ACS  
Senior Compliance Analyst

## Company and Contact

### Filing Contact Information

Karyn Enriquez, karyn.enriquez@aglife.com  
2929 Allen Parkway 713-831-2219 [Phone]  
Mail Stop A38-40 713-342-7550 [FAX]  
Houston, TX 77019

### Filing Company Information

AIG Life Insurance Company CoCode: 66842 State of Domicile: Delaware  
600 King Street Group Code: 12 Company Type:  
Wilmington, DE 19801 Group Name: State ID Number:  
(713) 831-3508 ext. [Phone] FEIN Number: 25-1118523

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation: Dom. State - Delaware - \$50.00 per form  
  
3 forms = \$150.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIG Life Insurance Company	\$150.00	02/20/2009	25854227

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/25/2009	02/25/2009

*SERFF Tracking Number:*      *AMGN-126032695*                      *State:*                      *Arkansas*  
*Filing Company:*              *AIG Life Insurance Company*                      *State Tracking Number:*      *41647*  
*Company Tracking Number:*      *LIFE U/W QUESTIONNAIRES*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Life Underwriting Forms*  
*Project Name/Number:*      *Life Underwriting Forms/*

## **Disposition**

Disposition Date: 02/25/2009

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
Form	Personal Financial Questionnaire		Yes
Form	Business Financial Questionnaire		Yes
Form	Short Health Statement		Yes

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## Form Schedule

### Lead Form Number: AGLC103330

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC103330	Other	Personal Financial Questionnaire	Initial		64.400	AGLC103330.pdf
	AGLC103331	Other	Business Financial Questionnaire	Initial		52.750	AGLC103331.pdf
	AGLC0015-99 Rev0209	Other	Short Health Statement	Initial		52.100	AGLC0015-99_0209.pdf

# American General

# Personal Financial Questionnaire

Life Companies

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

*Subsidiaries of American International Group, Inc.*

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Complete a Personal or Business Financial Questionnaire as appropriate. Complete a Personal Financial Questionnaire if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete a Business Financial Questionnaire if the purpose is business related such as key person, cross purchase, or creditor insurance.

**Please print all answers.**

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_ # Years \_\_\_\_\_

1. What is the purpose of the coverage? \_\_\_\_\_
2. Who will suffer a financial loss at your death? \_\_\_\_\_
3. How did you determine the amount of life insurance you needed? \_\_\_\_\_
4. How do you expect the life insurance benefits from this policy to be used? \_\_\_\_\_
5. Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured as a result of this application?  Yes  No
6. Do you intend to finance any of the premium required to pay for this policy through a financing or loan agreement?  Yes  No  
 (If Yes, submit a copy of the financing or loan agreement). Check all of the following that apply and complete requested information:  
 Loan \_\_\_\_\_ (% of premium). Identify Source of Loan \_\_\_\_\_. Loan Repayment Schedule \_\_\_\_\_.  
 Describe the collateral used: Cash \_\_\_\_\_ (% of premium). Existing life insurance policy or contract \_\_\_\_\_ (% of premium).  
 Existing Investments \_\_\_\_\_ (% of premium). Identify Investment Source \_\_\_\_\_.
7. Are you, the Owner, Proposed Insured, or any person or entity, being paid (cash, services, etc.) as an inducement to enter into this transaction?  Yes  No (If Yes, describe the inducement: \_\_\_\_\_).

**SECTION I: PROPOSED INSURED'S STATEMENT OF ASSETS** (List all items individually)

**A. Checking/Savings/Money Market Accounts**

Type of Account	Name of Institution	Account Balance

**B. Investments (Stocks, Bonds, Partnerships, etc.)**

Type of Account (Bank, Brokerage, etc.)	Name of Institution	Account Balance

**C. Business Equity**

Name and Address	Tax ID No.	Market Value
Assets \$ _____ Revenues \$ _____ Earnings \$ _____		
Percentage Owned _____ % Year Acquired _____		
List additional businesses separately		

**D. Fixed Assets (Real Estate)**

Primary Residence Address - St, City, State	Orig Cost/Yr Acq	Market Value
Other Property Address - St, City, State	Orig Cost/Yr Acq	Market Value

<b>E. Other Assets (Autos, Personal Property)</b>		
<b>Description</b>	<b>Original Cost</b>	<b>Market Value</b>

**Total Assets** \_\_\_\_\_

<b>SECTION II: PROPOSED INSURED'S ANNUAL INCOME (Most Recent Year)</b>		<b>PROPOSED INSURED'S ANNUAL INCOME (Prior Year)</b>	
<b>Type</b>	<b>Amount</b>	<b>Type</b>	<b>Amount</b>
Base Salary		Base Salary	
Income from Business		Income from Business	
Commissions		Commissions	
Bonuses		Bonuses	
Dividends/Interest		Dividends/Interest	
Net Rental Income		Net Rental Income	
Other (provide Source)		Other (provide Source)	
<b>Total Income (earned and unearned)</b>		<b>Total Income (earned and unearned)</b>	

**SECTION III: PROPOSED INSURED'S STATEMENT OF LIABILITIES** (List all items individually)

**A. Credit Cards/Unsecured Loans/Other Current Obligations**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**B. Mortgages Payable**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**C. Other Secured Loans**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**D. Future Obligations/Guarantees/Commitments**

<b>Description</b>	<b>Amount</b>

**Total Liabilities** \_\_\_\_\_

**Net Worth (Assets - Liabilities)** \_\_\_\_\_

All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of the application for insurance. I understand that any misrepresentation contained in this Questionnaire and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.

Proposed Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Accountant/Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_

Life Companies

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

*Subsidiaries of American International Group, Inc.*

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Complete a Personal or Business Financial Questionnaire as appropriate. Complete a Personal Financial Questionnaire if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete a Business Financial Questionnaire if the purpose is business related such as key person, cross purchase, or creditor insurance.

Answers provided on this questionnaire will be used to determine insurability for life insurance only.

**Please print all answers.**

Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Name of the business \_\_\_\_\_
2. Provide a description of the nature of the business \_\_\_\_\_
3. Type of organization     Sole Proprietorship     Corporation     Partnership     LLC  
     S Corporation     Start Up     Publicly Traded Corporation
4. Title and duties of the proposed insured \_\_\_\_\_
5. Years with the company \_\_\_\_\_
6. Years of experience in a similar or the same business, but with a different company \_\_\_\_\_
7. How long has the company been established? \_\_\_\_\_
8. Percentage of equity owned by the proposed insured \_\_\_\_\_
9. Fair market value of the business \_\_\_\_\_
10. How was this value determined? \_\_\_\_\_
11. What is the purpose of the business insurance?     Key Person     Stock Redemption     Cross Purchase     Creditor  
     Other (explain) \_\_\_\_\_
12. Creditor insurance only - answer A through G:
  - A. Did the lender request the insurance? \_\_\_\_\_
  - B. Name of the lender \_\_\_\_\_
  - C. Amount of coverage required by the lender \_\_\_\_\_
  - D. Amount of the loan \_\_\_\_\_
  - E. Purpose of the loan \_\_\_\_\_
  - F. Origination date of the loan \_\_\_\_\_
  - G. Repayment terms of the loan    Monthly amount \$ \_\_\_\_\_    Number of months payable \_\_\_\_\_
13. Cross Purchase insurance only - answer H through J:
  - H. Is there a written agreement in effect?     Yes     No    If Yes, attach a signed copy.
  - I. Agreement being currently prepared?     Yes     No    Expected finalization date? \_\_\_\_\_
  - J. Is a professional business evaluation being done?     Yes     No    If Yes, attach a signed copy.
14. Key Person insurance only - answer K and L:
  - K. How is the proposed insured financially valuable to the company? \_\_\_\_\_
  - L. What unique skills, knowledge, or abilities does he/she possess which make the life insurance necessary? \_\_\_\_\_
- 15a. Are other members of the company insured in favor of the business, or currently applying for coverage?     Yes     No  
 If Yes, provide the following details:

Name and Title	Insurance in force	Insurance applied for	Business Ownership (Percentage)

15b. If other members are not insured or not applying, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Assets		Liabilities	
Current		Current	
Fixed		Long Term	
Other			
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>NET WORTH</b>	
Fixed Assets		Book Value	Market Value
Land			
Buildings			
Intangible Assets			
Patents, Trademarks, Goodwill			
		<b>Total</b>	<b>Total</b>
<b>Market Value of Fixed Assets:</b>			
How was the market value of the assets determined?			
Was the value determined by a professional appraiser? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of most recent appraisal:	
Company Net Profit (before taxes):		Gross Sales:	
Last Year		Last Year	
Previous Year		Previous Year	
Has any business organization in which you have a financial and/or managing interest declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide all details being as specific as possible: _____			
Have operations of the business changed significantly in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide all details being as specific as possible: _____			
All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of the application for insurance. I understand that any misrepresentation contained in this Questionnaire and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.			
Proposed Insured Signature _____		Date _____	
Owner Signature _____		Date _____	
Accountant/Preparer Signature _____		Date _____	

# American General

Life Companies

## Short Health Statement

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

*Subsidiaries of American International Group, Inc.*

In this form, the "Company" refers to the insurance company whose name is checked above.

The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

### Proposed Insured

Proposed Insured	Date of Birth	Policy Number
------------------	---------------	---------------

It is hereby stated that, to the best of my (own) knowledge and belief, the health of the person to be insured on the basis of the application for the above proposed insured has not changed since the date of said application and that all statements made in said application are complete and true as of the date hereof and as noted below.

Exceptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Does proposed insured have a doctor's visit or medical treatment or procedure scheduled in the next 3 months?  
 Yes  No If Yes, provide details including doctor's name and address: \_\_\_\_\_

\_\_\_\_\_

Please note the following information is being gathered for future risk evaluation purposes only. The answer you provide will not be used to evaluate your application and subsequent policy.

2. What type of health insurance do you have?  
 HMO  PPO  Major Medical  Medicare  Other Health Insurance \_\_\_\_\_  None

**In the event any exception is noted herein, the policy will not be in force until the Company approves this Short Health Statement.**

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

X _____ Owner	Date
------------------	------

X _____ Proposed Insured (If under age 15, signature of parent or guardian)	Date
--	------

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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Life Underwriting Forms  
Project Name/Number: Life Underwriting Forms/

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Cert of Compliance with Rule 19 - AIG.pdf

AR Cert\_Comp.pdf

AR Flesch Certification AIG.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A

**Comments:**

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

Insurer: AIG Life Insurance Company

Form Number(s): AGLC103330 - Personal Financial Questionnaire  
AGLC103331 - Business Financial Questionnaire  
AGLC0015-99 Rev0209 - Short Health Statement

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

\_\_\_\_\_  
Name

Vice President

\_\_\_\_\_  
Title

February 20, 2009

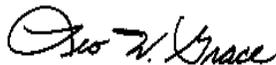
\_\_\_\_\_  
Date

**AMERICAN GENERAL LIFE INSURANCE COMPANY**

**ARKANSAS CERTIFICATION OF COMPLIANCE**

		Y/N	NA
<b>Arkansas Code 23-79-138</b>	<b>Required Policy Information</b>		X
<b>Rule and Regulation 49</b>	<b>Life And Disability Insurance Guaranty Fund Notices</b>		X
<b>Rule and Regulation 19</b>	<b>Unfair Sex Discrimination in the Sale of Insurance</b>		X
<b>Rule and Regulation 33</b>	<b>Variable Life Insurance</b>		X
	Licensing and approval to do business		X
	Qualification of Insurer to Issue Variable Life Insurance		X
	Article IV. Insurance Policy Requirements		X
	Article V. Reserve Liabilities for Variable Life Insurance		X
	Article VI. Separate Accounts		X
	Article VII. Information Furnished to Applicants		X
	Article VIII. Applications		X
	Article IX. Reports to Policyholders		X
	Article X. Foreign Companies		X
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		X
	Article XII. Separability Article		X
	Article XIII. Supersession of Conflicting Regulations		X
<b>Rule and Regulation 34</b>	<b>Universal Life Insurance (Sections 1-12)</b>		X
	Valuation		X
	Nonforfeiture		X
	Mandatory Policy Provisions		X
	Disclosure Requirements		X
	Periodic Disclosure to Policyowner		X
	Interest Indexed Universal Life Policies		X
	Severability		X
<b>Arkansas Bulletin 11-83</b>	<b>Guidelines for non-guaranteed costs on participating and non-participating life insurance</b>		X
	<b>Current and Guaranteed Cost Of Insurance Rates</b>		X
	<b>Minimum/Maximum Interest Rate Range</b> Minimum Rate: Maximum Rate:		X

I hereby certify that form(s) AGLC103330; AGLC103331; and AGLC0015-99 Rev0209 is in compliance with those relevant Arkansas laws and regulations sited above.

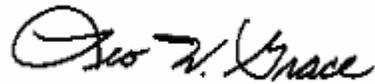


\_\_\_\_\_  
Leo W. Grace  
Director, Product Development

AIG LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Form Numbers. AGLC103330; AGLC103331; and AGLC0015-99 Rev0209 have achieved Flesch Reading Score of 64.4, 52.75, and 52.1 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.



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Leo W. Grace, FLMI  
Vice President

February 20, 2009  
Date

cert.AR