

SERFF Tracking Number: AGNN-126059224 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41732
Company Tracking Number: 109-1X
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: CIA App
Project Name/Number: CIA App/109-1X

Filing at a Glance

Company: AIG Annuity Insurance Company

Product Name: CIA App

TOI: A021 Individual Annuities- Deferred Non-
Variable

Sub-TOI: A021.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: AGNN-126059224 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 41732
Closed

Co Tr Num: 109-1X

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Natalie Prevost

Disposition Date: 03/05/2009

Date Submitted: 03/03/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: CIA App

Project Number: 109-1X

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

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: 03/05/2009

Explanation for Other Group Market Type:

State Status Changed: 03/05/2009

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

March 3, 2009

VIA SERFF

Re: AIG Annuity Insurance Company

SERFF Tracking Number: AGNN-126059224 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41732
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: CIA App
Project Name/Number: CIA App/109-1X

NAIC# 70432

FEIN# 75-0770838

Form #: 109-1X Flexible Premium Deferred Annuity Application

Dear:

The form included in this SERFF filing is being submitted for your review and approval. The form 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 form submitted herewith is in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state, and such form contains no provisions previously disapproved by your Department. The forms and certifications required for this filing are attached.

Form 109-1X is a flexible premium deferred annuity application currently intended for use with contract forms A158-02 and A183-03, approved by your state on 09/06/2002 and 12/01/2003, respectively. We are also seeking approval of this application on a general use basis with our fixed deferred annuity products as they are approved by your Department.

If you have any questions or need additional information, please contact me at 1-800-262-4764 x8705 or via e-mail at Natalie.prevost@aigretirement.com. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost
Legal Analyst

Attachments

Company and Contact

Filing Contact Information

Natalie Prevost,
2919 Allen Parkway
L10-30

natalie.prevost@aigretirement.com
713-831-8705 [Phone]
713-831-6932 [FAX]

SERFF Tracking Number: AGNN-126059224 State: Arkansas
Filing Company: AIG Annuity Insurance Company State Tracking Number: 41732
Company Tracking Number: 109-IX
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: CIA App
Project Name/Number: CIA App/109-IX

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/05/2009	03/05/2009

SERFF Tracking Number: AGNN-126059224 *State:* Arkansas
Filing Company: AIG Annuity Insurance Company *State Tracking Number:* 41732
Company Tracking Number: 109-IX
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: CIA App
Project Name/Number: CIA App/109-IX

Disposition

Disposition Date: 03/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126059224 *State:* Arkansas
Filing Company: AIG Annuity Insurance Company *State Tracking Number:* 41732
Company Tracking Number: 109-1X
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.002 Flexible Premium
Product Name: CIA App
Project Name/Number: CIA App/109-1X

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	Flexible Premium Deferred Annuity Application		Yes



AIG Annuity Insurance Company

A Stock Company

205 East 10th Avenue

Amarillo, Texas 79101-3546

Telephone: 800.424.4990

Flexible Premium
Deferred Annuity Application

[5 Year 7 Year]

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

Name: John Doe Sex: M Age: 35 DOB: 07/25/1972
Address: 123 Main Street Marital Status: Married SSN: 999-99-9999
Anywhere, USA XXXXX Daytime Phone: 713.555.1234

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

Name: Sex: Age: DOB:
Marital Status: 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 and earned interest must be left for a full year without any withdrawals. The minimum guaranteed interest rate for the life of the policy is [2.00] %.) Please check one.

- [1] yr The Interest Rate on the Initial Premium is [4.10]% for [1] year(s). This rate includes a [2.0]% enhancement payable for [1] year(s).
[5/7] yr The Interest Rate on the Initial Premium is [%] for the first year and [%] for years 2 through [].
[MVA] The Interest Rate on the Initial Premium is [%] for the first year and [%] for years 2 through 5.
[Step-up] The Interest Rate on the Initial Premium is [%] for the first year and increases [%] in years 2 through 5.

PURCHASE PAYMENT

Policy Number: H123456 Policy Date: 02/01/2009
Initial Premium Payment: \$ 10,000 Annuity Date: 02/01/2039

PLAN TYPE (required): [X] Non-Qualified [] Qualified

Tax-Qualified Plans: [] Traditional IRA [] SEP IRA [] Roth IRA [] 401 Corporate Plan [] 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 [X] No
Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? [] Yes [X] No (If yes, complete the following.) Company: Policy No.:
Are you an active duty service member of the United States Armed Forces? [] Yes [X] 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 are complete and true. I have read and understand the important disclosures located on the reverse of this application.

Please initial if applicable: 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 withdrawal charge for the period specified in the policy.

X John Doe Owner's Signature X Joint Owner's Signature (if applicable)

Signed at (city/state): Anywhere, USA XXXXX on (date): 08/01/2007

REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. [] Yes [X] No
Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? [] Yes [X] No
As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? [] Yes [X] No
By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

X Bill Agent Licensed Agent's Signature ABC Insurance Agency #12345 Agency Name and Number

Bill Agent State Lic. #: 45678 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.]

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Variable
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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

FLESCH-AR-lower-score.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

application is on form schedule tab

Item Status: **Status Date:**

Satisfied - Item: SOV

Comments:

Attachment:

SOV-109-1X.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>
109-1X	Flexible Premium Deferred Annuity Application	28.8

Natalie Prevost

Natalie Prevost
Legal Analyst

March 3, 2009

Date

AIG Annuity Insurance Company
Statement of Variability for Form 109-1X
Effective Date- March 03, 2009

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:

- 5 yr. and 7 yr. check box: To allow for future changes in case one policy is discontinued or changed. The check boxes will either appear or not appear depending on the issue process. If the application is attached to the policy at issue (a field issue process) the check boxes will not appear on the application since the surrender charge period will be provided on the contract.
- 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 Option and Current Rate: The current interest rate options available are 1, 5/7, 5 MVA and 5 Step-up year options. We have bracketed these guarantee period information so that we will have the ability to remove a guarantee. For example, in certain economic environments, certain guarantee periods may not be marketable and would be removed from the application. In addition, we have included blanks for the current crediting rate to be completed. Any changes to available interest rate guarantee periods or the current crediting rate will be applicable to new issues only.
- Minimum Guaranteed Rate: The guaranteed minimum interest rate in the above captioned form is submitted on a variable basis. The minimum guaranteed interest rate is denoted as variable by the use of brackets []. The rate will range between 1.00% to 3.50% and is tied to the five-year Constant Maturity Treasury Rate. Any changes will be applicable only to new issues.

The current guaranteed minimum interest rate(s) will be 2.00%. The rate will always be equal to or exceed the rate produced by the procedures filed with the Department. The minimum guaranteed interest rate is shown on the annuity application. It is denoted as variable by the use of brackets []. In addition, any change in our procedures for determining the guaranteed minimum interest rate will be filed with the Department prior to use.

- 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.
- 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
AIG Annuity Insurance Company