

SERFF Tracking Number: AGNN-126153103 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42410
Company Tracking Number: VL 17047 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: SRA Application
Project Name/Number: /VL 17047 VER 5/2009

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: SRA Application

SERFF Tr Num: AGNN-126153103 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-
Variable

SERFF Status: Closed-Approved- State Tr Num: 42410
Closed

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: VL 17047 VER 5/2009 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Natalie Prevost

Disposition Date: 05/20/2009

Date Submitted: 05/18/2009

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: VL 17047 VER 5/2009

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: 05/20/2009

Explanation for Other Group Market Type:

State Status Changed: 05/20/2009

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

May 18, 2009

VIA SERFF

Re: The Variable Annuity Life Insurance Company

NAIC# 70238

SERFF Tracking Number: AGNN-126153103 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42410
Company Tracking Number: VL 17047 VER 5/2009
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: SRA Application
Project Name/Number: /VL 17047 VER 5/2009

FEIN# 74-1625348

Form# VL 17047 VER 5/2009 Single Premium Deferred Annuity Application

Dear Mr/Ms:

Enclosed for your review and approval is the above reference form. This filing does not contain any unusual or controversial items. This is a new form and does not replace any forms previously approved by your Department. The application is similar to VL 17047 VER 1/2008, previously approved by your Department on 08/29/08, except that the Company name and brand throughout is updated. This form will be marketed to individuals in the general market and home office issued.

Form VL 17047 VER 5/2009 is a single premium deferred annuity application intended for use with policy form SRA-1004 approved by your Department on 12/15/04.

If you have any questions or need additional information, please contact me at 713-831-8705 or via mail at Natalie.Prevost@aigretirement.com. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Natalie Prevost,
2919 Allen Parkway
L10-30
Houston, TX 77019

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

Filing Company Information

SERFF Tracking Number: AGNN-126153103 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42410
 Company Tracking Number: VL 17047 VER 5/2009
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: SRA Application
 Project Name/Number: /VL 17047 VER 5/2009

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: Fee for filing in Texas
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	05/18/2009	27954708

SERFF Tracking Number: AGNN-126153103 State: Arkansas
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: SRA Application
Project Name/Number: /VL 17047 VER 5/2009

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/20/2009	05/20/2009

SERFF Tracking Number: AGNN-126153103 *State:* Arkansas
Filing Company: The Variable Annuity Life Insurance Company *State Tracking Number:* 42410
Company Tracking Number: VL 17047 VER 5/2009
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.002 Flexible Premium
Variable
Product Name: SRA Application
Project Name/Number: /VL 17047 VER 5/2009

Disposition

Disposition Date: 05/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126153103 *State:* Arkansas
Filing Company: The Variable Annuity Life Insurance Company *State Tracking Number:* 42410
Company Tracking Number: VL 17047 VER 5/2009
TOI: A021 Individual Annuities- Deferred Non-Variable *Sub-TOI:* A021.002 Flexible Premium
Product Name: SRA Application
Project Name/Number: /VL 17047 VER 5/2009

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



FILED COPY

Single Premium Deferred Annuity Application
Set Rate Annuity (SRA 1004)

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

1. OWNER (All accounts will be updated with this address.)

Name: _____ SSN: _____
Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Age: _____ Date of Birth: _____
Married Not Married Civil Union/Domestic Partner (If recognized by your state, see Information page.)
Residence Address: _____
City: _____ State: _____ ZIP: _____ Daytime Phone: (_____) _____

2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, prior to the beginning of an income plan, the 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: _____ SSN or Tax ID: _____
Address: _____ City: _____ State: _____ ZIP: _____
Daytime Phone: (_____) _____ Relationship to Owner: _____
Gender: Male Female Age: _____ Date of Birth: _____

3. OWNER'S BENEFICIARY DESIGNATION

Prior to designating a Beneficiary, please refer to Beneficiary Designations on the reverse for instructions, including how to designate a beneficiary who is a minor. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, benefits will be paid equally to beneficiaries of record.

Table with 5 columns: Name, Relationship or Trustee Name, SSN or Tax ID (Optional), Date of Birth or Trust Date, Percentage (Whole) %. Rows for PRIMARY and CONTINGENT beneficiaries.

4. PURCHASE PAYMENT

Term Period: 3-year 5-year 7-year 8-year 9-year 10-year
Single Premium Payment: \$ _____ Annuity Date: _____
PLAN TYPE (required): Non-Qualified Qualified
Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 403(b)
Check one: Initial Contribution for Tax Year: \$ _____ Transfer Rollover Roth IRA Conversion Year: _____

5. SIGNATURES Checks must be made payable to The Variable Annuity Life Insurance Company (VALIC).

[Are you as the owner of this account an active duty service member of the United States Armed Forces? No Yes (If yes, complete VL 22059.)
This application is subject to acceptance by the Company at its Home Office. Proof of age must be furnished before Annuity Payments begin.
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 in this or any other company? Yes No
If yes, complete the following:

Contract Owner Name: _____ Contract Number(s): _____
Name of Insurance Company: _____

I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I have read and understand the important disclosures in the Information page located on the reverse of this application, including fraud warnings and withdrawal restrictions for 403(b) plans, if applicable. I understand that I am applying for a market-value adjustment annuity. I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.

Owner's Signature _____ Signed at City/State _____ Date _____

Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

6. 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 the annuity applied for will replace or change any existing life insurance or annuity? Yes No
If this is a replacement 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's Signature

Agency Name and Number

Licensed Agent (Print name)

State License #

Agent #

INFORMATION

[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.

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 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.

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.

Kansas, 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 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.]

BENEFICIARY DESIGNATIONS

Your **primary** beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your **contingent** beneficiary(ies) will receive these benefits.

A beneficiary can be an individual, institution, entity or trustee.

If you wish to designate as beneficiaries your current children and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.

When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

If you intend to name multiple beneficiaries or a beneficiary is a minor, please complete and attach a Beneficiary Designation Form (VL 14945). VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a minor.

For assistance with beneficiary designations, contact your financial advisor or a Client Service Professional at [1-800-448-2542.]

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

[According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/1988 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Age 59½ or older
- Hardship (contributions only)
- Disability
- Death

[CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Please send completed forms to:

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

Call [1-800-448-2542] for assistance.

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: FLSHCERT_np.pdf		

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

	Item Status:	Status Date:
Satisfied - Item: SOV		
Comments:		
Attachment: Statement-Var.pdf		

CERTIFICATION

VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 17047 VER 5/2009	SRA Application	45.0



Tracey Harris
Vice President

May 18, 2009

Date

STATEMENT OF VARIABILITY

FORM: VL 17047 VER 5/2009

1. **Section 1 OWNER/APPLICANT INFORMATION:** The box that states " Civil Union/Domestic Partner (If recognized by your state, see information page.)" is bracketed. This statement will either be included or not appear on the applications.
2. **Section 4, Purchase Payment:** The duration of the term depend on market conditions and will range between three and ten years and will vary according to economic conditions. Any changes will be applicable only to new issues.
3. **Section 5, Signatures:** 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.
4. **Section 6, Representative Information:** 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.

INFORMATION:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - California Senior Disclosure
 - State specific Fraud Warnings
 - Withdrawal Restrictions for 403(b) Participants
 - Civil Union / Domestic Partner Disclosure
- b. The contact number for a Client Service Professional is shown as bracketed for situations where the number may change.
- c. The contact of the company is bracketed for administrative purposes. Any changes will be for future use only, and a non-discriminatory basis.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

May 18, 2009

Date