

SERFF Tracking Number: AMGN-126157592 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 42495
Company Tracking Number: AGLA2181BF ET AL.
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Business/Personal Financial Questionnaire
Project Name/Number: Business/Personal Financial Questionnaire/AGLA2181

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: Business/Personal Financial Questionnaire SERFF Tr Num: AMGN-126157592 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 42495

Sub-TOI: L08.000 Life - Other

Co Tr Num: AGLA2181BF ET AL. State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Hyacinth Prince

Disposition Date: 05/28/2009

Date Submitted: 05/27/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Business/Personal Financial Questionnaire

Status of Filing in Domicile: Pending

Project Number: AGLA2181

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to our domicile state of Tennessee

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/28/2009

Explanation for Other Group Market Type:

State Status Changed: 05/28/2009

Deemer Date:

Created By: Hyacinth Prince

Submitted By: Hyacinth Prince

Corresponding Filing Tracking Number:

Filing Description:

AGLA2181BF (0509) Business Financial Questionnaire 51.4

AGLA2181PF (0509) Personal Financial Questionnaire 51.4

The referenced forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your department. The referenced forms have been submitted to our domicile state of Tennessee.

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Each questionnaire will be used in conjunction with life applications when additional information is required to complete the underwriting process. The Flesch score for the Agreement Section of each form is shown above.

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
 American General Center 615-749-1139 [Phone]
 Mail Stop 456S 615-749-2521 [FAX]
 Nashville, TN 37250-0001

Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee
 Company
 American General Center Group Code: 12 Company Type:
 Nashville, TN 37250-0001 Group Name: AIG State ID Number:
 (615) 749-1139 ext. [Phone] FEIN Number: 62-0306330

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation:
 2 forms x \$20.00 = \$40.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$40.00	05/27/2009	28113844

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/28/2009	05/28/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Form	Business Financial Questionnaire	Yes	Yes
Form	Personal Financial Questionnaire	Yes	Yes

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Form Schedule

Lead Form Number: AGLA2181BF

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA2181 BF (0509)	Application/Business Financial Enrollment Questionnaire Form	Initial		51.400	AGLA2181BF (0509).pdf
	AGLA2181 PF (0509)	Application/Personal Financial Enrollment Questionnaire Form	Initial		51.400	AGLA2181PF (0509).pdf

Assets		Liabilities	
Current		Current	
Fixed		Long Term	
Other			
Total Assets		Total Liabilities	
		NET WORTH	

Fixed Assets	Book Value	Market Value
Land		
Buildings		
Intangible Assets		
Patents, Trademarks, Goodwill		
	Total	Total

Market Value of Fixed Assets:

How was the market value of the assets determined?

Was the value determined by a professional appraiser? Yes No Date of most recent appraisal: _____

Company Net Profit (before taxes):

Last Year	Gross Sales:
Previous Year	Last Year
	Previous Year

Has any business organization in which you have a financial and/or managing interest declared bankruptcy? Yes No

If Yes, provide all details being as specific as possible: _____

Have operations of the business changed significantly in the last 3 years? Yes 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 American General Life and Accident Insurance Company ("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 _____

(If Other than Proposed Insured)

Signed at City, State _____

Accountant/Preparer Signature _____ Date _____

Accountant/Preparer (please print full name) _____

Print Accounting Firm Name, Address and Phone Number _____

Personal Financial Questionnaire

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, Partnership, 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

E. Other Assets (Autos, Personal Property)

Description	Original Cost	Market Value

Total Assets _____

SECTION II: PROPOSED INSURED'S ANNUAL INCOME (Most Recent Year)

PROPOSED INSURED'S ANNUAL INCOME (Prior Year)

Type	Amount	Type	Amount
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)	
Total Income (earned and unearned)		Total Income (earned and unearned)	

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

A. Credit Cards/Unsecured Loans/Other Current Obligations

Description	Lender	Account Balance

B. Mortgages Payable

Description	Lender	Account Balance

C. Other Secured Loans

Description	Lender	Account Balance

D. Future Obligations/Guarantees/Commitments

Description	Account Balance

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 American General Life and Accident Insurance Company ("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 _____

(If Other than Proposed Insured)

Signed at City, State _____

Accountant/Preparer Signature _____ Date _____

Accountant/Preparer (please print full name) _____

Print Accounting Firm Name, Address and Phone Number _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARCERT2.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: The form being submitted is under the Form Schedule tab. Comments:		



**American General Life and
Accident Insurance Company**

American General Center
Nashville, TN 37250-0001

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA2181BF (0509) Business Financial Questionnaire
 AGLA2181PF (0509) Personal Financial Questionnaire

This is to certify that, to the best of my knowledge and belief, the above form complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Leo W. Grace". The signature is written in a cursive style with a large initial "L" and "G".

Leo W. Grace
Vice President

DATE: May 27, 2009



CHANGING THE WAY AMERICANS THINK ABOUT, PURCHASE AND USE LIFE INSURANCE.®