

SERFF Tracking Number: AGNN-126207090 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42868
 Company Tracking Number: VL 20806 VER 5/2009
 TOI: A021 Individual Annuities- Deferred Non- Variable Sub-TOI: A021.003 Single Premium
 Product Name: SPDA Application
 Project Name/Number: VL 20806 VER 5/2009/VL 20806 VER 5/2009

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: SPDA Application SERFF Tr Num: AGNN-126207090 State: Arkansas
 TOI: A021 Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42868
 Sub-TOI: A021.003 Single Premium Co Tr Num: VL 20806 VER 5/2009 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Nancy R Smith Disposition Date: 07/20/2009
 Date Submitted: 07/01/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: VL 20806 VER 5/2009 Status of Filing in Domicile: Authorized
 Project Number: VL 20806 VER 5/2009 Date Approved in Domicile: 07/01/2009
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 07/20/2009 Explanation for Other Group Market Type:
 State Status Changed: 07/20/2009
 Deemer Date: Created By: Nancy R Smith
 Submitted By: Nancy R Smith Corresponding Filing Tracking Number:

Filing Description:

The form included in this SERFF filing is being submitted for your review and approval. This filing does not contain any unusual or controversial items. To the best of our knowledge, information and belief, the forms submitted herewith are 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. We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

This application form will be issued with policy form MBIFA-1007, previously approved by your Department on 11/27/07. The form replaces application form VL 20806 VER 1/2008 previously approved by your Department with policy form

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MBIFA-1007.

We are making this filing in order to update the company name from AIG Retirement to VALIC. Additionally, we have added the military service question to #6, the signature section.

Please contact me if I can assist with your review at 1.800.262.4764 x6070 or via e-mail at Nancy.R.Smith@valic.com. I look forward to your formal notification of approval.

Company and Contact

Filing Contact Information

Nancy R. Smith, Compliance Analyst Sr Nancy.R.Smith@valic.com
 2929 Allen Parkway, L10-30 800-262-4764 [Phone] 6070 [Ext]
 Houston, TX 77019-2155 713-831-6932 [FAX]

Filing Company Information

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: \$100 IS THE FEE FOR FILING THIS FORM IN TEXAS.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	07/01/2009	28928926

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/20/2009	07/20/2009

SERFF Tracking Number: AGNN-126207090 State: Arkansas
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TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: SPDA Application
Project Name/Number: VL 20806 VER 5/2009/VL 20806 VER 5/2009

Disposition

Disposition Date: 07/20/2009

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	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	STATEMENT OF VARIABILITY	Yes	Yes
Form	SPDA APPLICATION	Yes	Yes

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

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

Name: JOHN DOE SSN: 777-77-7777
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Date of Birth: 6-15-1974
 Marital Status: Married Not Married Civil Union/Domestic Partner (If recognized by your state, see Information page.)
 Residence Address: 123 MAIN ST
 City: ANYCITY State: USA ZIP: 22222 Daytime Phone: (222) 555-1212
JOINT OWNER (Optional. Non-Qualified Annuities only.)
 Name: _____ SSN or Tax ID: _____ Date of Birth: _____
 Mr. Mrs. Ms. Dr. Rev. Gender: Male Female Daytime Phone: (____) _____
 Marital Status: Married Not Married Civil Union/Domestic Partner (If recognized by your state, see Information page.)

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

Beneficiary receives the proceeds if any Owner dies. In the case of Joint Ownership, the surviving Joint Owner becomes the Primary Beneficiary.
 If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below. In the case of the death of one of the Joint Owners, if a Beneficiary other than a Joint Owner is designated, the surviving Owner will not receive any benefits.
 Please refer to Beneficiary Designations on the Information page 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.

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: <u>JANE DOE</u>	<u>SISTER</u>	<u>987-65-4321</u>	<u>1-24-70</u>	<u>100</u>
CONTINGENT:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name: _____	_____	_____	_____	_____

4. PREMIUM ALLOCATION

Select one or more Guaranteed Rate Period(s) and assign a percentage of the premium to be allocated to each selected Guaranteed Rate Period. Minimum allocation is 10%.
 Premium Allocation: 3-year 10% 5-year ___% 7-year ___%

5. PURCHASE PAYMENT

Single Premium Payment: \$ 10,000 Annuity Date: 6-30-79
 PLAN TYPE (required): Non-Qualified Qualified
 Tax-Qualified Plans: Traditional IRA SEP IRA Roth IRA 403(b) Group Name/Number: _____
 Check one: Initial Contribution for Tax Year: \$ _____ Transfer Rollover Roth IRA Conversion Year: _____

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. 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.)
Do you have any existing life insurance policies or annuity contracts in this or any other company? 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:

Company Name: _____ Policy No.: _____

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 the amounts payable upon a full surrender may be adjusted up or down by the application of a market value adjustment or early withdrawal charges. No market value adjustment will be applied to death benefit proceeds.

John Doe _____ Anycity, USA _____ 6-30-09
Owner's Signature Signed at City/State Date

Joint Owner's Signature (if applicable) _____ Signed at City/State _____ Date _____

7. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: BILL AGENT _____ VALIC Agent #/Location: 24-7/Anycity
(Print Name)

Licensed Agent Phone: (713) 777-7777 State License #: 5678 Region #: 9

[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.

Bill Agent _____ 6/30/09
Licensed Agent/Registered Representative's Signature Date

Broker Dealer: ED SMITH
(Print Name)

Branch Office Address: 777 MAIN ST

City: Anycity State: USA ZIP: 77777

Ed Smith _____ 6-30-09
Licensed Principal of Broker Dealer's Signature Date

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
- Disability
- Age 59½ or older
- Death
- Hardship (contributions only)]

[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 an 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 [1-888-569-6128]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: AR-FLESCH.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: APPLICATION ONLY FILING. FORM ATTACHED UNDER FORM SCHEDULE TAB.		

	Item Status:	Status Date:
Satisfied - Item: STATEMENT OF VARIABILITY Comments: Attachment: SOV_VL20806VER5_2009.pdf		

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 20806 VER 5/2009	SPDA APPLICATION	50



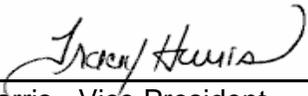
Tracey Harris
Vice President

July 1, 2009
Date

STATEMENT OF VARIABILITY
APPLICATION FORM(S): **VL 20806 VER 5/2009**

1. **Section 1, ANNUITANT/APPLICANT INFORMATION:** The Civil Union option is bracketed. This statement will either be included or not appear on the applications depending on state requirements.
2. **Section 6. SIGNATURES:** The replacement questions and information pertaining to the responses are bracketed so that they may be updated as required by state laws.
3. **Section 7. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES:** The replacement questions are bracketed so that they may be updated as required by state laws.
4. **INFORMATION:** 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.
 - a. **California Senior Disclosure:** This text is bracketed so that we may modify to comply with changes in state law.
 - b. **State Specific Fraud Warnings:** The state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.
 - c. **Withdrawal Restrictions for 403(b) Participants:** This text may be revised to comply with the Internal Revenue Code if amended.
 - d. The contact number for a Client Service Professional is shown as bracketed for situations where the number may change.
 - e. **Civil Union/Domestic Partner:** This text is bracketed so that we may modify text to comply with changes in state law.
 - f. The contact number for client service, and contact addresses are bracketed for administrative purposes so that the information can be updated for future situations as needed.

The above variability will apply to all application forms during the same time period and will not be used to unfairly discriminate in availability, rate, benefits, or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

30 June 2009
Date