

SERFF Tracking Number: AGNN-126208999 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
Company Tracking Number: VL 21716 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: VL 21716 VER 5/2009
Project Name/Number: /

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 21716 VER 5/2009

SERFF Tr Num: AGNN-126208999 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-
Variable

SERFF Status: Closed-Approved- State Tr Num: 42865
Closed

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: VL 21716 VER 5/2009 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angie Fox

Disposition Date: 07/13/2009

Date Submitted: 06/30/2009

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:

Date Approved in Domicile:

Requested Filing Mode:

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: 07/13/2009

Explanation for Other Group Market Type:

State Status Changed: 07/13/2009

Deemer Date:

Created By: Angie Fox

Submitted By: Angie Fox

Corresponding Filing Tracking Number:

Filing Description:

The above referenced form is being submitted for your review and approval. This is a new form and intended to replace application form VL 21716 VER 5/2008 used with form IFA-608, both approved by your Department on June 9, 2008.

We are making this filing in order to update the Company name. The only change to the form is the company name/brand from AIG Retirement to VALIC.

We certify that we are in compliance with Regulations 19 and 49 as well as AR. Code Ann. 23-79-138.

SERFF Tracking Number: AGNN-126208999 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
 Company Tracking Number: VL 21716 VER 5/2009
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: VL 21716 VER 5/2009
 Project Name/Number: /

Company and Contact

Filing Contact Information

Angie Fox, angie.fox@aigretirement.com
 2919 Allen Parkway, L10-30 713-831-6050 [Phone]
 Houston, TX 77019 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: the fee for making this filing in our domicile state of Texas; therefore, we are including \$100 for this filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	06/30/2009	28907039

SERFF Tracking Number: AGNN-126208999 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
Company Tracking Number: VL 21716 VER 5/2009
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: VL 21716 VER 5/2009
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/13/2009	07/13/2009

SERFF Tracking Number: AGNN-126208999 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
Company Tracking Number: VL 21716 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: VL 21716 VER 5/2009
Project Name/Number: /

Disposition

Disposition Date: 07/13/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-126208999 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
 Company Tracking Number: VL 21716 VER 5/2009
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: VL 21716 VER 5/2009
 Project Name/Number: /

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	statement of variability		Yes
Form	Flexible Premium Deferred Annuity Application		Yes

SERFF Tracking Number: AGNN-126208999 State: Arkansas
 Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
 Company Tracking Number: VL 21716 VER 5/2009
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: VL 21716 VER 5/2009
 Project Name/Number: /

Form Schedule

Lead Form Number: VL 21716 VER 5/2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 21716 VER 5/2009	Application/ Enrollment Form	Flexible Premium Deferred Annuity Application	Initial		45.000	VL 21716 proflex_0509- USE THIS ONE.pdf



FILED COPY

Flexible Premium Deferred Annuity Application
[VALIC] ProFlex Fixed AnnuitySM (IFA-608)

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

3. BENEFICIARY DESIGNATION

Beneficiary receives the proceeds if the Owner dies. 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:

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

CONTINGENT:

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

4. PURCHASE PAYMENT

Purchase Payment: \$ _____ Annuity Date: _____
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: _____

5. CONTRIBUTION INFORMATION (Refer to Information page for guidance.)

TO BE COMPLETED BY AGENT

Table with 6 columns: Group #, Employee Voluntary (1), Employee Mandatory or Matched (2), Employer Basic (3), Employer Supplemental or Matching (4), Employee Roth (5) 403(b) Only.

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. INVESTOR PROFILE

What are your objectives for the funds under consideration: Safety of Principal Long-Term Growth Income

Do you anticipate needing access to more than 10% of the account value in a given year during the surrender period of this annuity? Yes No

Financial Situation:

Annual Household Income [Under \$50,000] [\$50,000 – \$100,000] [Over \$100,000 list amount: \$ _____]

Net Worth (excluding value of primary residence) [Under \$50,000] [\$50,000 – \$100,000] [Over \$100,000 list amount: \$ _____]

Tax Bracket: _____ %

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

[Are you or the joint 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.

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

8. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: _____ VALIC Agent #/Location: _____
(Print Name)

Licensed Agent Phone: (_____) _____ State License #: _____ Region #: _____

[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/Registered Representative's Signature _____ Date _____

Broker Dealer: _____
(Print Name)

Branch Office Address: _____

City: _____ State: _____ ZIP: _____

Licensed Principal of Broker Dealer's Signature _____ Date _____

For Agent Use Only (Contact your Broker/Dealer or Agency for details). Option: A (default) B C

Information

CONTRIBUTION INFORMATION

Contribution Sources:

- (1) - Employee Voluntary;
- (2) - Employee Mandatory or Matched (These can include either non-elective employee contributions, or elective deferrals that you must make in order to receive a matching contribution.);
- (3) - Employer Basic;
- (4) - Employer Supplemental or Matching;
- (5) - Employee ROTH After Tax Contribution. (These include salary deduction contributions to a ROTH 403(b) or 401(k) plan.)

Note: Separate account numbers must be set up for each Contribution Source.

- Choose either a percent of salary or an amount, and fill in the number of payments, and the date you will begin making payments.
- Single-sum contributions are not available to all participants. Contact your Employer for your plan restrictions.

[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]

SERFF Tracking Number: AGNN-126208999 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42865
Company Tracking Number: VL 21716 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: VL 21716 VER 5/2009
Project Name/Number: /

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application Comments: this filing is for an application only		

	Item Status:	Status Date:
Satisfied - Item: statement of variability Comments: Attachment: SOV-VL 21716 VER 5-2009.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>Flesh Score</u>
VL 21716 VER 5/2009	Flexible Premium Deferred Annuity Application	45

Angie Fox

Angie Fox, ACS, AIAA, AIRC
Legal Analyst II

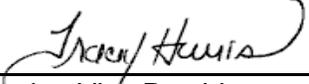
June 29, 2009

Date

STATEMENT OF VARIABILITY
APPLICATION FORM(S): VL 21716 VER 5/2009

- **Section 1 and 2, OWNER and ANNUITANT INFORMATION:** The Civil Union option is bracketed. This statement will either be included or not appear on the applications depending on state requirements.
- **Section 6, INVESTOR PROFILE:** The dollar amounts bracketed in the Financial Situation Section may be increased to be more meaningful depending on inflation and other economic conditions.
- **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.
- **Section 7. Signatures:** The replacement questions and information pertaining to the responses are bracketed so that they may be updated as required by state laws.
- **Section 8. Dealer/Licensed Agent Information and Signatures:** The replacement questions are bracketed so that they may be updated as required by state laws.
- **California Senior Disclosure:** This text is bracketed so that we may modify to comply with changes in state law.
- **State Specific Fraud Warnings:** With the exception of the fraud warning required in your state, the state specific fraud warnings are bracketed so that we may modify the text to comply with changes in state law.
- **Withdrawal Restrictions for 403(b) Participants:** This text may be revised to comply with the Internal Revenue Code if amended.
- **Civil Union/Domestic Partner:** This text is bracketed so that we may modify text to comply with changes in state law.
- The website address, 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

20 May 2009
Date