

SERFF Tracking Number: AGNN-126224373 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42964
Company Tracking Number: VL 19904-ONLINE VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: VL 19904-ONLINE VER 5/2009
Project Name/Number: /

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 19904-ONLINE VER 5/2009 SERFF Tr Num: AGNN-126224373 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 42964
Variable Closed

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: VL 19904-ONLINE State Status: Approved-Closed
VER 5/2009

Filing Type: Form

Reviewer(s): Linda Bird
Author: Angie Fox Disposition Date: 07/24/2009
Date Submitted: 07/14/2009 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: 07/24/2009 Explanation for Other Group Market Type:
State Status Changed: 07/24/2009
Deemer Date: Created By: Angie Fox
Submitted By: Angie Fox Corresponding Filing Tracking Number:
Filing Description:
Form VL 19904-ONLINE VER 5/2009 is a new form and replaces form VL 19904-ONLINE VER 6/2007, approved by your Department on August 2, 2007. This application will be used to enroll in a retirement plan funded by our individual flexible premium annuity contract IFA-406 approved by your Department on May 5, 2006.

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.

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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 is \$100; therefore, \$100 is included with this filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	07/14/2009	29193659

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/24/2009	07/24/2009

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Disposition

Disposition Date: 07/24/2009

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
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	statement of variability		Yes
Form	Profile Annuity Application		Yes

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Form Schedule

Lead Form Number: VL 19904-ONLINE VER 5/2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 19904-ONLINE VER 5/2009	Application/Profile Annuity Enrollment Application Form	Initial		45.000	VL 19904-PHONE_0509_1.0.pdf



The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

Call [1-888-569-7055] for assistance

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____

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 pages.)

Residence Address*: _____ City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Mailing Address* (if different from above): _____

City: _____ State: _____ ZIP: _____

Employer: _____ Employer Location: _____ Hire Date: _____

*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION INFORMATION

This beneficiary designation supersedes all previous beneficiary designations for such account(s).

- To ensure that all beneficiaries are identified, list each by name.
If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
Percentage total must equal 100%.
A beneficiary can be an individual, institution, entity or trustee.
If you wish to designate your current children as beneficiaries 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 descendants of the deceased beneficiary to receive the deceased beneficiary's portion.

2A. PROFILE ANNUITY ACCOUNT (Required - this section must be completed.)

Primary beneficiaries receive the proceeds if any Annuitant/Applicant dies. List each beneficiary by name. Percentage must total 100%. If no percentage is indicated, your benefits will be paid equally to beneficiaries of record.

Check here if the beneficiary for the fixed annuity is the same as for the custodial account. (No designation required below.)

See Section 2B if you are designating a minor as a beneficiary.

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

Contingent beneficiaries receive any remaining benefits if the primary beneficiary(s) are deceased at the time of your death. If designating a beneficiary who is a minor, see Section 2B.

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

2B. CUSTODIAN FOR BENEFICIARY WHO IS A MINOR

VALIC will pay claims only to a custodian or through an alternative guardianship arrangement for a Beneficiary who is a Minor. If you have named a minor as a primary or a contingent beneficiary, please designate a custodian for the beneficiary who is a minor under your state's Uniform Transfers (Gifts) To Minors Act, or contact a local attorney regarding other alternatives to guardianship requirements.

_____ as Custodian for _____ under the _____ Uniform Transfers (Gifts) to Minors Act.
(name of custodian) (name of beneficiary who is a minor) (state)

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.

3. PLAN TYPE

PLAN TYPE (required):

403(b) 457(b) Other: _____

4. INVESTOR PROFILE

Has the Annuitant/Applicant previously purchased mutual funds or other securities? No Yes If yes, number of years: _____

Investment Objective (check one): Safety of Principal Long-Term Growth Income

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: _____%

Is the Applicant employed by or registered with a FINRA member firm? Yes No

If yes, name of firm: _____

5. AFFIRMATIONS AND STATEMENTS

[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 insurance policies or annuity contracts? Yes No

Will this annuity replace, discontinue or change any existing life insurance policy 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: _____]

This application is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. Proof of age must be furnished before Annuity Payments begin.

Fixed Option: I understand that withdrawals or transfers from my annuity may incur a withdrawal charge. A withdrawal charge applies to in-service withdrawals or transfer amounts greater than 20% per contract year. Transfers to the fixed annuity within 90 days of a transfer from the fixed annuity may receive a different rate of interest than new purchase payments.

By signing this form, 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 information provided in the Information section regarding the following subjects:

- **Fraud Warning**
- **Withdrawal Restrictions for 403(b) Plans, if applicable.**

Check if you own or participate in another VALIC Product.

Applicant's Signature

Signed at (City/State)

Date

Please indicate the best method to contact you if there are any questions regarding this enrollment:

Phone Number: _____
(Provide phone number)

E-mail: _____
(Provide e-mail address)

Please fax this form and any attached documentation to [1-800-858-2542] or mail to:

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

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.]

WITHDRAWAL RESTRICTIONS FOR 403(b)(7) PARTICIPANTS

[According to federal tax laws regulating certain 403(b)(7) plans, contributions may be withdrawn only under any of the following circumstances.

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

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

[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.]

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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: please refer to form schedule tab		

	Item Status:	Status Date:
Satisfied - Item: statement of variability Comments: Attachment: SOV.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 19904-ONLINE VER 5/2009	Profile Annuity Application	45

Angie Fox

Angie Fox, ACS, AIAA, AIRC
Legal Analyst II

July 13, 2009

Date

**STATEMENT OF VARIABILITY FOR FORM
VL 19904-ONLINE VER 5/2009**

- Section 1** To allow flexibility to not use this statement in the future.
- Section 4** To allow flexibility to change these amounts in the future.
- Section 5** The replacement questions and information pertaining to the responses are bracketed so that they may be updated as required by state laws.
- Page 3** Information: We may use the application without this information for use in California.
- Page 3** Fraud Warnings. We may use the application without this information in those states not listed among the warnings.
- Page 3** Withdrawal Restrictions. This information may not be present on the application if we choose to use it with a form in the future that is not a 403(b)(7).
- Page 3** Civil Union/Domestic Partner: This text is bracketed so that we may modify text to comply with changes in state law.



Tracey Harris
Vice President
The Variable Annuity Life Insurance Company

July 13, 2009
Date