

SERFF Tracking Number: AMGN-126230579 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 42969
 Company Tracking Number: AGLA 09GBL
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: AGLA 09GBL Graded Death Benefit Whole Life Policy
 Project Name/Number: AGLA 09GBL Graded Death Benefit Whole Life Policy/AGLA 09GBL

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 09GBL Graded Death Benefit Whole Life Policy SERFF Tr Num: AMGN-126230579 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved-Closed State Tr Num: 42969

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life Co Tr Num: AGLA 09GBL State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Author: Marilyn Ellis Disposition Date: 07/27/2009
 Date Submitted: 07/17/2009 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:
 State Filing Description:

General Information

Project Name: AGLA 09GBL Graded Death Benefit Whole Life Policy	Status of Filing in Domicile: Pending
Project Number: AGLA 09GBL	Date Approved in Domicile:
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: 07/27/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/27/2009
Deemer Date:	Created By: Marilyn Ellis
Submitted By: Marilyn Ellis	Corresponding Filing Tracking Number: AGLA 09GBL

Filing Description:
 AGLA 09GBL Graded Death Benefit Whole Life Policy
 AGLA1000SMGAR Authorization/Application/Acceptance Form
 AGLA 09TIR Terminal Illness Accelerated Death Benefit Rider
 AGLA 120Z154 Summary and Disclosure Notice

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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 above forms have been submitted to our domicile state of Tennessee.

AGLA 09GBL is an individual, nonparticipating graded death benefit whole life insurance policy. The Face Amount is reduced during the first two years and reaches its ultimate amount in the third year The Death Benefit is equal to the Face Amount with certain adjustments as described in the policy. For accidental death, an Accidental Death Benefit is added to the basic Death Benefit. Premiums are payable for the period shown on the Policy Schedule.

Policy AGLA 09GBL will be sold through direct marketing and will not be illustrated.

Authorization/Application/Acceptance Form AGLA1000SMGAR will be included in a package with certain inforce policyholders' billing statements. If the policyholder elects to purchase policy AGLA 09GBL, he or she must complete and sign form AGLA1000SMGAR, and return to our Home Office.

AGLA 09TIR is an individual, nonparticipating terminal illness accelerated benefit rider providing for an advance payment of a portion of the Death Benefit if the Insured is diagnosed as having a terminal illness. There is no premium charge for this rider,

AGLA 120Z154 is the required Summary and Disclosure Notice that will be used with rider AGLA 09TIR.

The Flesch readability scores for the referenced forms are:

Form No. Flesch Score
AGLA 09GBL 50.8
AGLA1000SMGAR 54.8 (Declaration Section)
AGLA 09TIR 50.0
AGLA 120Z154 50.4

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
American General Center 615-749-1139 [Phone]

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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: \$50.00
 Retaliatory? No
 Fee Explanation: 1 filing x \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$50.00	07/17/2009	29268016

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/27/2009	07/27/2009

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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 - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Graded Death Benefit Whole Life Policy		Yes
Form	Authorization/Application/Acceptance Form		Yes
Form	Terminal Illness Accelerated Death Benefit Rider		Yes
Form	Summary and Disclosure Notice		Yes

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Form Schedule

Lead Form Number: AGLA 09GBL

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 09GBL	Policy/Cont	Graded Death Benefit Whole Life Policy Certificate	Initial		50.800	AGLA09GBL AR.pdf
	AGLA 1000SMGAR	Application/ Enrollment Form	Authorization/ Acceptance Form	Initial		54.800	Arkansas_GB WL_APPLICATION.pdf
	AGLA 09TIR	Certificate	Terminal Illness Accelerated Death Benefit Rider	Initial		50.000	AGLA09TIR.pdf
	AGLA 120Z154	Other	Summary and Disclosure Notice	Initial		50.400	AGLA120Z154.pdf

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

This Policy is a legal contract between You (the Owner) and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

We, Us, Our and **the Company** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

POLICY DATA

Insured - [John Doe]

Age - [40]

Gender - [Male]

Premium Class - Standard

Beneficiary - See Application

Policy Number - [123456789]

Policy Date - [May 1, 2009]

Face Amount - See Policy Schedule

Initial Premium - [\$42.59]

Premium Payment Interval - [One Month]

THIRTY DAYS TO EXAMINE CONTRACT. If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 30 days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid.

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.


SECRETARY


PRESIDENT

**GRADED DEATH BENEFIT WHOLE LIFE INSURANCE POLICY
INSURANCE PAYABLE AT DEATH OF INSURED
GRADED DEATH BENEFIT FIRST TWO POLICY YEARS
PREMIUMS PAYABLE FOR PERIOD SHOWN ON THE POLICY SCHEDULE
NONPARTICIPATING**

CONTENTS OF POLICY

Policy Data	Page 1	If The Policy Lapses	Page 5
Policy Schedule	Page 3	Cash Values	Page 6
Definitions	Page 4	Policy Loans	Page 7
The Owner And The Beneficiary	Page 4	General Provisions	Page 8
Payment of Insurance Benefits	Page 5	Settlement Options	Page 10
Paying Premiums			

Any additional benefit riders and a copy of the application are included after Page 11.

POLICY PROVISIONS IN ALPHABETICAL ORDER

Accidental Death Exclusions	Page 9	Loan Balance	Page 7
Age And Gender Incorrectly Stated	Page 8	Loan Interest	Page 7
Assigning Your Policy	Page 8	Loan Value	Page 7
Automatic Lapse Option	Page 6	Net Cash Value	Page 7
Automatic Premium Loan	Page 6	No Additional Benefits On Continued Policy	Page 6
Basis Of Computation Of Policy Values	Page 9	No Dividends	Page 9
Beneficiary	Page 4	Options At Lapse	Page 6
Cash Surrender	Page 7	Other Limitations	Page 5
Cash Value	Page 7	Owner	Page 4
Change Of Owner Or Beneficiary	Page 4	Periodic Payments	Page 10
Claims Of Creditors	Page 9	Policy Date	Page 8
Common Disaster	Page 4	Policy Loan	Page 7
Correspondence	Page 9	Policy Settlement	Page 9
Death of Payee	Page 10	Premium Payment	Page 5
Definitions	Page 4	Reduced Paid-Up Insurance	Page 6
Election Of Options	Page 10	Reinstatement	Page 6
Extended Term Insurance	Page 6	Repayment Of Policy Loan	Page 7
Grace Period	Page 5	Settlement Options	Page 10
Incontestability	Page 8	Suicide Exclusion	Page 8
Interest	Page 10	Termination	Page 9
Lapse	Page 5	The Contract	Page 8
Limitations	Page 10		

POLICY SCHEDULE

Benefits and Premiums

BASIC POLICY	Amount	Maturity Date	Annual Premium	Premiums Payable
Graded Death Benefit Whole Life Insurance	See Table of Death Benefits	[05-01-2090]	[\$464.40]	[81] Years

ADDITIONAL BENEFITS provided by Riders

None

Total Annual Premium: [\$464.40]

Table of Death Benefits

Policy Year	Face Amount
1	[\$ 1,000]
2	[2,500]
3 & after	[10,000]

Policy Year	Accidental Death Benefit
1	[\$ 9,000]
2	[7,500]
3 & after	[10,000]

Table of Policy Values

End of Policy Year	Cash Value	Reduced Paid-Up Insurance	Extended Term Ins. Years Days	End of Policy Year	Cash Value	Reduced Paid-Up Insurance	Extended Term Ins. Years Days
[1	\$ 0.00	\$ 0.00	0 0	13	\$1,433.54	\$4,510.00	Not Available
2	10.84	100.00	0 365	14	1,589.25	4,790.00	Not Available
3	119.97	560.00	4 350	15	1,748.27	5,080.00	Not Available
4	232.58	1,070.00	8 296	16	1,910.39	5,370.00	Not Available
5	348.58	1,500.00	11 100	17	2,075.60	5,610.00	Not Available
6	468.22	1,940.00	Not Available	18	2,244.72	5,860.00	Not Available
7	591.66	2,370.00	Not Available	19	2,418.32	6,080.00	Not Available
8	719.55	2,740.00	Not Available	20	2,596.03	6,310.00	Not Available
9	852.66	3,150.00	Not Available	Age 60	2,776.95	6,520.00	Not Available
10	990.85	3,520.00	Not Available	Age 62	3,144.52	6,920.00	Not Available
11	1,133.99	3,850.00	Not Available	Age 65	3,705.94	7,420.00	Not Available]
12	1,281.70	4,200.00	Not Available				

Nonforfeiture Factor: [126.3501]

These values assume that all premiums are paid to the end of the Policy Year and that there is no Loan Balance.

POLICY SCHEDULE

(Continued)

Automatic Lapse Option

Extended Term Insurance for the first five (5) Policy Years; Reduced Paid-Up Insurance thereafter

Loan Interest

Annual Policy Loan Interest Rate: 8.00%, payable in arrears

Mortality Tables and Nonforfeiture Interest Rate

Mortality Tables for:

Cash Values - 2001 CSO ALB Ultimate, Gender Distinct, Mortality Table
Net Single Premiums for Paid-Up Life Insurance - 2001 CSO ALB Ultimate, Gender Distinct, Mortality Table
Net Single Premiums Extended Term Insurance - 2001 CSO ALB Ultimate, Gender Distinct, Mortality Table

Nonforfeiture Interest Rate - [5%] per year

DEFINITIONS

Accident means the unforeseen occurrence of an event that results in Accidental Injury to the Insured.

Accidental Death means death that:

- (a) resulted directly, and independently of all other causes, from Accidental Injury sustained while the Insured's coverage under this Policy was in force; and
- (b) occurred within 120 days after the Accidental Injury.

Payment of benefits for Accidental Death is subject to the Accidental Death Exclusions provision.

Accidental Injury means bodily injury sustained by the Insured as the direct result of an Accident, independent of disease, bodily infirmity, illness, infection or

any other physical condition.

Age means the Insured's age on the Insured's last birthday.

Attained Age means the Insured's Age shown in the Policy Data on Page 1 plus the number of years and completed months from the Policy Date.

Death Benefit means the Face Amount and the Accidental Death Benefit, if applicable, shown in the Table of Death Benefits on the Policy Schedule, as adjusted pursuant to the terms of the Policy.

Home Office means Our main office located at the American General Center in Nashville, Tennessee, 37250-0001, or such other location that We may elect.

THE OWNER AND THE BENEFICIARY

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18th birthday or on the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18th birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally appointed Guardian; or
- (b) a person whom We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms, and assistance with Your questions, from one of Our authorized agents or directly from Our Home Office.

BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any

payments to that class, unless otherwise stated.

We will pay the Death Benefit under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) You, as Owner, if You are then living; or
- (b) the executor or administrator of Your estate.

If any Beneficiary is without legal capacity, We can pay his or her share of the Death Benefit to any person whom We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

CHANGE OF OWNER OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. We can require that any change be endorsed on Your Policy.

Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

COMMON DISASTER

Unless applicable state law provides otherwise, We will, if We cannot determine whether a Beneficiary or the Insured died first in a common disaster, assume that the Beneficiary died first and will pay proceeds on this basis unless an endorsement to this Policy provides otherwise.

PAYMENT OF INSURANCE BENEFITS

If the Insured dies while this Policy is in force, We will pay the Face Amount shown in the Table of Death Benefits on the Policy Schedule with additions and/or deductions as described herein to the Beneficiary after We receive due proof of death and a proper written claim. Due proof of the Insured's death will consist minimally of Our Company claim form completed by the Beneficiary and a certified copy of the death certificate of the Insured.

If the Insured's death is an Accidental Death (see Definitions) and the Face Amount is payable as described above, We will also pay the applicable Accidental Death Benefit shown in the Table of Death Benefits on the Policy Schedule.

We will pay any amount which becomes payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of eight percent on such amount after 30 days from the date when proof of death is received in Our Home Office until payment is paid.

You and/or any other person claiming benefits under this Policy shall cooperate with Us in Our investigation of a claim under this Policy by providing assistance including, but not limited to, the completion and sub-

mission to Us of any questionnaire or authorization form needed, in Our opinion, to conduct such investigation.

We add to the Face Amount:

- (a) any insurance on the Insured's life that is payable under any attached riders; and
- (b) any part of the premium paid for coverage beyond the Policy month in which the Insured dies.

We deduct from the Face Amount:

- (a) any Loan Balance; and
- (b) any unpaid premium (but not more than one month's part of the premium) if the Insured dies within the Grace Period.

If this Policy is being continued as Extended Term or Reduced Paid-Up Insurance and the Insured dies, We will pay the Face Amount being continued minus, in the case of Reduced Paid-Up Insurance, any Loan Balance.

OTHER LIMITATIONS

Payment of the Death Benefit may also be affected by other provisions of this Policy. Special exclusions or limitations (if any) are listed on the Policy Schedule.

PAYING PREMIUMS

PREMIUM PAYMENT

The premiums for this Policy are shown in the Policy Data on Page 1. The first premium is due on the Policy Date. Subsequent premiums are due on the first day of each Premium Payment Interval.

Each premium must be paid on or before its due date. You may pay the premiums at Our Home Office, at any office We designate or to Our authorized representative. We will give a receipt for each premium paid if You request one. This receipt will be signed by Our President or Secretary and countersigned by the person authorized to accept Your premium.

You may change the Premium Payment Interval for this Policy, subject to Our rules at the time of change.

GRACE PERIOD

If a premium, other than the first, has not been paid on its due date, Your Policy will remain in force for a Grace Period of 31 days.

LAPSE

If sufficient premium is not paid before the end of its Grace Period, this Policy will Lapse. The date of Lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy except as provided under the section entitled "If The Policy Lapses."

PAYING PREMIUMS

(Continued)

AUTOMATIC PREMIUM LOAN

You may elect Automatic Premium Loans under this Policy if the Premium Payment Interval is other than one month. Your election will remain in effect until You request Us, in writing, to revoke it. If You change the Premium Payment Interval to monthly, Your election will NOT be in effect while the Premium Payment Interval is one month. We will automatically make Policy Loans to pay each unpaid premium on the last day of its Grace Period if:

- (a) Your election is then in effect; and
- (b) the amount available for a Policy Loan is sufficient to pay the premium due.

Any balance created by use of the Automatic Premium Loan option is subject to the Policy Loans provision. If the Net Cash Value is insufficient to pay overdue

premiums, this Policy will stay in force only to the extent provided in the section entitled "If The Policy Lapses."

REINSTATEMENT

We will reinstate this Policy at any time within five years from the date of Lapse if it has not been surrendered for its Net Cash Value. To reinstate this Policy You must:

- (a) present evidence of insurability for the Insured satisfactory to Us;
- (b) pay any unpaid premiums with interest at six percent per year from their respective due dates; and
- (c) pay or reinstate any Loan Balance on the date of Lapse with Loan Interest from that date.

IF THE POLICY LAPSES

OPTIONS AT LAPSE

You have the following options if Your Policy Lapses:

- (a) You may apply for Reinstatement; or
- (b) You may Cash Surrender this Policy if it has a Net Cash Value; or
- (c) You may continue this Policy as Extended Term Insurance, if available, or as Reduced Paid-Up Insurance.

AUTOMATIC LAPSE OPTION

Your Policy will continue in force as shown under the Automatic Lapse Option on the Policy Schedule if:

- (a) Your Policy has a Net Cash Value at Lapse; and
- (b) You do not elect in writing any of the other Lapse options within 90 days following the date of Lapse.

Extended Term Insurance is NOT available under this Policy unless it is shown as the Automatic Lapse Option on the Policy Schedule.

EXTENDED TERM INSURANCE

This is term insurance for an amount equal to the applicable Face Amount which is in force at Lapse

minus any Loan Balance at Lapse. This insurance will continue from the date of Lapse until the end of the term period. We will determine the term period using the Net Cash Value on the date of Lapse as a net single premium at the Insured's Attained Age.

REDUCED PAID-UP INSURANCE

This is insurance for a reduced level amount payable at the same time and under the same conditions as if the Policy had not Lapsed. We will determine the amount of insurance using the Net Cash Value on the date of Lapse as a net single premium at the Insured's Attained Age.

NO ADDITIONAL BENEFITS ON CONTINUED POLICY

While this Policy is continued in force as Extended Term or Reduced Paid-Up Insurance, it will NOT provide any additional benefits, including but not limited to an Accidental Death Benefit, included in the Policy or in any attached riders, except those with their own Options At Lapse provision.

CASH VALUES

CASH VALUE

The Cash Values for this Policy are shown on the Policy Schedule. These values assume premiums have been paid to the end of the Policy Year. The Cash Value at any other time depends on the premiums paid and the time elapsed since the last Policy Anniversary. Any Cash Value not shown will be furnished upon request.

In the three months following the date of Lapse, the Cash Value will be the same as it was on the date of Lapse. Thereafter, the Cash Value, if the Policy is continued as Extended Term or Reduced Paid-Up Insurance, will be the net single premium for the insurance being continued based on the Insured's Attained Age.

The Cash Value of paid-up insurance within 30 days after a Policy Anniversary will not be less than it was on that anniversary.

NET CASH VALUE

The Net Cash Value of this Policy is the Cash Value minus any Loan Balance.

CASH SURRENDER

You may surrender this Policy for its Net Cash Value at any time while the Insured is living. We can defer payment of the Cash Surrender for up to six months from the date We receive Your request.

POLICY LOANS

POLICY LOAN

At any time while this Policy is in force, You may obtain a Policy Loan on this Policy, by written request, if it has a Loan Value. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Loan Value less the following amounts:

- (a) any existing Loan Balance; and
- (b) any Loan Interest to the next Policy Anniversary or next premium due date, whichever is earlier.

We can defer a Policy Loan for up to six months from the date We receive Your written request. We will not defer any Policy Loan that is used to pay premiums to Us.

LOAN VALUE

The Loan Value of this Policy is its Cash Value as of the next Policy Anniversary or the next premium due date, whichever is earlier. If this Policy is being continued as Extended Term Insurance, it has no Loan Value.

LOAN INTEREST

Interest on a Policy Loan accrues daily at the Annual Policy Loan Interest Rate shown on the Policy Schedule. Interest is due on each Policy Anniversary and when a Policy Loan is repaid. If the interest is not paid when due, it will be added to the Policy Loan and will accrue additional interest at the same rate.

LOAN BALANCE

Loan Balance means the sum of any unpaid Policy Loans and accrued Loan Interest. We will deduct any Loan Balance from any amount payable under this Policy.

REPAYMENT OF POLICY LOAN

You may repay any part of the Loan Balance at any time while this Policy is in force. Failure to repay the Loan Balance will not terminate this Policy unless the Loan Balance exceeds the Cash Value. We will send a notice of termination to You and any assignee of which We have a record if this happens. We will mail these notices to the last addresses available to Us at least 31 days before the termination.

GENERAL PROVISIONS

THE CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the base Policy; and
- (b) any riders and endorsements; and
- (c) the attached copy of Your application, and any amendments or supplemental applications, including reinstatement applications.

No change in this Policy is valid unless it is in writing and signed by one of Our officers. No agent or other field representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER INCORRECTLY STATED

The Insured's Age and Gender on the Policy Date are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, We will adjust the Death Benefit. The adjusted Death Benefit will be the Death Benefit that would have been purchased at the time of Policy issue by the premium if the Insured's Age and Gender had been correctly stated.

POLICY DATE

The Policy Date of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, Policy Years and Policy Anniversaries are determined.

ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment until it is received in writing at Our Home Office. No assignment will affect any payment We make before We record the assignment. Any assignment is subject to any Policy Loan against this Policy. We will not be responsible for the validity of any assignment.

All rights of the Owner and any revocable Beneficiary are subject to the rights of any assignee on record with Us.

INCONTESTABILITY

We rely on the statements made in the application for the Policy and applications for any reinstatements. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the Policy unless it is in such applications.

We can contest this Policy until it has been in force during the Insured's lifetime for two years from the Policy Date. Except for non-payment of premiums, for fraudulent misrepresentations, or as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Policy Date.

If this Policy is reinstated, We can contest this Policy as otherwise provided for in the Policy and can contest this Policy during the Insured's lifetime for two years from the date of reinstatement. If this Policy is reinstated, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement. If We contest the reinstatement, We will contest only statements made in the reinstatement application.

This two-year limitation does not apply to any disability or accidental death benefit, or to the nonpayment of premium.

SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Policy Date, We will limit the Death Benefit to the premiums paid less any Loan Balance. The Policy including any riders will terminate.

When the laws of the state in which this Policy is delivered require less than this two-year period, the period will be as stated in such laws.

GENERAL PROVISIONS

(Continued)

ACCIDENTAL DEATH EXCLUSIONS

We will not pay any Accidental Death Benefit if the Insured's death is directly caused by Accidental Injury incurred by the Insured in an Accident where the Insured was operating any type of land, water, or air vehicle while having a blood alcohol content at or above the level made illegal by statute for the operation of such a vehicle or if the Insured's death is caused or contributed to by:

- (a) intentional self-inflicted injury, while sane or insane; or
- (b) commission of or attempt to commit an assault or felony; or
- (c) engaging in an illegal occupation; or
- (d) participation in an insurrection or war, whether declared or not; or
- (e) disease or mental infirmity, or medical or surgical treatment thereof; or
- (f) an excitant, depressant, hallucinogen, narcotic or other drug, unless taken as prescribed by a licensed physician; or
- (g) flight in or descent from or with any aircraft in which the Insured was the pilot or a crew member, was giving or receiving training or instruction or had any duties.

BASIS OF COMPUTATION OF POLICY VALUES

Cash Values and net single premiums for Reduced Paid-Up Life Insurance and Extended Term Insurance are based on the Mortality Tables shown on the Policy Schedule. Continuous functions are used with interest at the Nonforfeiture Interest Rate shown on the Policy Schedule.

The Cash Value at the end of a Policy year for which premiums have been paid is computed by the Standard Nonforfeiture Value Method using the adjusted pre-

mium as defined in the laws of the state in which this Policy is delivered.

The Cash Values and paid-up insurance benefits are equal to or more than those required by law. A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

CORRESPONDENCE

Any request, notice or proof shall be filed with Our Home Office.

POLICY SETTLEMENT

In any settlement, We may require the return of this Policy.

CLAIMS OF CREDITORS

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

TERMINATION

This Policy will terminate on the earliest of:

- (a) the death of the Insured; or
- (b) surrender of this Policy, if this Policy has a Net Cash Value; or
- (c) the end of the Grace Period for an unpaid premium; or
- (d) the Maturity Date.

NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

SETTLEMENT OPTIONS

Any amount payable under this Policy may be applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if a Settlement Option had not been elected.

The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years. The amount of guaranteed income per \$1,000 applied to purchase the Settlement Option will be furnished upon request.

OPTION ONE - PAYMENTS OF INTEREST ONLY

Periodic payments will be made of the interest credited on the amount applied.

OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least five years and not more than 30 years.

OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD

The amount applied will be used to provide a life annuity with a guaranteed payment period. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of Age satisfactory to Us.

OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE

The amount applied will be used to provide a life annuity of any kind We issue and make available for Settlement Option purposes to the payee on the date this option is elected. The payee must submit proof of Age satisfactory to Us.

PERIODIC PAYMENTS

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

INTEREST

We guarantee interest under Settlement Options One, Two, Three and Four at the rate of two percent per year. At Our sole discretion, We can pay or credit interest at a higher rate for such times and in such manner as We may determine.

ELECTIONS OF OPTIONS

Settlement Options may be elected or changed by:

- (a) You, while the Insured is living; or
- (b) the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

LIMITATIONS

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee;
- (b) a fiduciary; or
- (c) not a natural person (for example, a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees and evidence of Age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

Before making any payment under a Settlement Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof satisfactory to Us.

DEATH OF PAYEE

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One; or
- (b) the discounted value of any remaining payments under Option Two and Three; or
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

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American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A Billing Notice prints here, the application prints below.)

IMPORTANT NOTICE

The policy offered as Option B may be applied for and purchased only by the Insured policyholder. [SAMPLE B.] [SAMPLE] must sign the application below and must reside in the state of [STATE] in order to qualify for this offer. This offer is not valid unless signed by the Insured.

IF SELECTING OPTION B, PLEASE BE SURE THE INSURED COMPLETES THE APPLICATION BELOW AND RETURN WITH YOUR PAYMENT. THANK YOU.
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY [AUTHORIZATION/APPLICATION/ACCEPTANCE] FORM FOR LIFE INSURANCE

Insurance being applied for: \$[10,000] / Graded Death Benefit Whole Life		Insurance Premium: \$[50.27]/[month]	
Name of Insured: [SAMPLE B.] [SAMPLE]	Beneficiary: _____		Relationship to Insured _____
Address: [1234 ADDRESS 1], [ADDRESS 2] [CITY], [STATE] [ZIP]	First Name M.I	Last Name	
By signing below, I declare that I am not a patient in or been told to enter a hospital or nursing home. I am not currently being treated for cancer or malignant tumor. Within the past 36 months, I have not been diagnosed as having or been treated for Cirrhosis of the liver, Alzheimer's, sickle cell anemia, kidney failure, AIDS, Aids Related Complex, HIV, or any terminal illness.			
Does the proposed insured have a life insurance policy or annuity contract in force or have any pending application for a life insurance policy or annuity contract with this Company or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will any existing insurance coverage or annuity contract be replaced or changed if the policy applied for is issued? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please indicate - Insured's Name: _____ Company Name: _____ Policy Number: _____			
NOTICE: 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.			
Signature of [SAMPLE B. SAMPLE]		Date	

Please read this Limited Benefit Rider carefully - it contains limitations.

Benefits paid under this rider may be taxable. If so, You or Your beneficiary may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor to assess the impact of this Benefit.

Benefits as specified under the Policy, including the Death Benefit, cash value and loan value, are reduced upon payment of an Accelerated Benefit.

TERMINAL ILLNESS ACCELERATED BENEFIT RIDER

Provides for Election to Accelerate a Portion of the Death Benefit

DEFINITIONS

Capitalized terms not defined in this rider will have the meaning given in the Policy.

Diagnosed means a written definitive diagnosis of the Insured's Terminal Illness signed by a Physician based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations that follow recommended medical practices.

Immediate Family Member means a person who is related to the Insured or Owner in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), child (includes legally-adopted child or stepchild), or grandchild.

Physician means a legally-qualified practitioner of the healing arts licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners. Physician does not include:

- (a) the Insured or the Owner; or
- (b) any Immediate Family Member; or
- (c) any person who customarily resides in the same household as the Insured or the Owner.

Terminal Illness means a medical condition that is Diagnosed and certified by a Physician to be reasonably expected, because of its nature and severity, to result in the Insured's death within 12 months from the date of certification. Such medical condition must be first Diagnosed on or after the Effective Date of this rider, prior to this rider's termination and during the Insured's lifetime.

Terminal Illness Accelerated Benefit Amount means the amount of Terminal Illness Accelerated Benefit shown for this rider on the Policy Schedule less the following deductions:

- (a) an administrative charge equal to:
 - (i) the interest for six months on the Terminal Illness Accelerated Benefit Amount at a rate that will not exceed the greater of the current yield on 90 day treasury bills or the current maximum statutory adjustable policy loan interest rate; plus
 - (ii) \$350; and
- (b) payment of any unpaid but due policy premiums if the Policy is in its Grace Period; and
- (c) payment of a pro rata amount of any policy loans.

TERMINAL ILLNESS ACCELERATED BENEFIT

Beginning on or after the Benefit Start Date shown on the Policy Schedule, You may elect only once a Terminal Illness Accelerated Benefit, if the Insured is Diagnosed as having a Terminal Illness, subject to the provisions of this rider.

PAYMENT OF THE TERMINAL ILLNESS ACCELERATED BENEFIT AMOUNT

We agree to pay the Terminal Illness Accelerated Benefit Amount to You upon Our receipt of all of the following:

- (a) Your written election of the Terminal Illness Accelerated Benefit; and
- (b) the written consent of any irrevocable Beneficiary and any assignee that You may elect the Terminal Illness Accelerated Benefit; and
- (c) a written certification of the Insured's Physician which states the diagnosis of the Insured's medical condition and which states that such medical condition is a Terminal Illness; and
- (d) at Our election, a second opinion by a Physician of Our choice which states that the medical condition of the Insured is a Terminal Illness.

We have the right to require an examination of the Insured and a second opinion by a Physician of Our choice. If We require this examination, We will pay for it.

Your election of the Terminal Illness Accelerated Benefit will automatically be voided (We will notify You and any irrevocable Beneficiary and/or assignee in writing, in this event), and the Terminal Illness Accelerated Benefit Amount will not be payable, if the Insured dies after the above requirements are met and before We pay the Terminal Illness Accelerated Benefit Amount.

EFFECT OF PAYMENT OF TERMINAL ILLNESS ACCELERATED BENEFIT

The following adjustments will be made upon payment of the Terminal Illness Accelerated Benefit Amount:

- (a) the Face Amount and the Accidental Death Benefit will each be reduced by the amount of Terminal Illness Accelerated Benefit shown in the Policy Schedule; and
- (b) any amount available for Policy loans and any Net Cash Value will be reduced in the same proportion as the reduction in the Death Benefit; and
- (c) the future premiums for the Insured's life coverage under the Policy will be set as if such insurance had been originally issued at the reduced Face Amount.

LIMITATIONS

You are not eligible to elect the Terminal Illness Accelerated Benefit if:

- (a) You are required by law to use this rider to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (b) You are required by a government agency to use this rider to apply for, obtain, or keep a government benefit or entitlement; or
- (c) You are required by a court order to maintain the Insured's life insurance coverage under this

- Policy for another person's benefit; or
- (d) any Terminal Illness results directly from the Insured's self-inflicted injury or attempted suicide, while sane or insane; or
- (e) the consent of any irrevocable Beneficiary, assignee or other required party to Your election of a Terminal Illness Accelerated Benefit has not been obtained.

EFFECTIVE DATE

The Effective Date of this rider is the Policy Date, unless a later Effective Date for this rider is shown on the Policy Schedule.

INCONTESTABILITY

We will not contest this rider after it has been in force during the lifetime of the Insured for two years from the Effective Date of this rider.

REINSTATEMENT

If the Policy is reinstated at the same time, We will reinstate this rider at any time within five years from the date of lapse and before the Maturity Date shown for this rider on the Policy Schedule.

TERMINATION

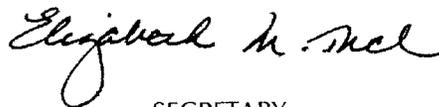
This rider will terminate on the earliest of:

- (a) the date on which We pay the Terminal Illness Accelerated Benefit Amount under the Policy; or
- (b) the Maturity Date shown for this rider on the Policy Schedule; or
- (c) the date the Policy terminates; or
- (d) any date requested by You in writing.

GENERAL

There is no premium charge for this rider. This rider is a part of the policy to which it is attached. The rider's benefits are subject to all the terms of it and the policy. This rider has no Cash or Loan Value.

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY



SECRETARY

TERMINAL ILLNESS ACCELERATED BENEFIT RIDER SUMMARY AND DISCLOSURE NOTICE

Purpose of This Summary and Disclosure

THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE TERMINAL ILLNESS ACCELERATED BENEFIT RIDER. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE RIDER. IF YOU PURCHASE THIS COVERAGE, IT IS IMPORTANT THAT YOU READ THE RIDER CAREFULLY.

Tax Consequences

Benefits paid under the Terminal Illness Accelerated Benefit Rider may cause the Owner to incur a tax obligation. The Company is not authorized to offer you tax advice. You should consult your accountant, attorney or other qualified tax professional to assess the impact of a benefit.

Benefit Description

Terminal Illness means a medical condition that is diagnosed and certified by a physician to be reasonably expected, because of its nature and severity, to result in the Insured's death within 12 months from the date of certification. Such medical condition must be first diagnosed on or after the Effective Date of the rider, prior to the rider's termination and during the Insured's lifetime.

Beginning on or after the Benefit Start Date shown in the policy, you may elect only once a Terminal Illness Accelerated Benefit, if the Insured is diagnosed as having a Terminal Illness, subject to the provisions of the rider.

There is no premium to include the Terminal Illness Accelerated Benefit Rider on the policy.

Benefit Amount

The Terminal Illness Accelerated Benefit Amount means the amount of Terminal Illness Accelerated Benefit shown for the rider in the policy less the following deductions:

- (a) an administrative charge equal to:
 - (i) the interest for six months on the Terminal Illness Accelerated Benefit Amount at a rate that will not exceed the greater of the current yield on 90 day treasury bills or the current maximum statutory adjustable policy loan interest rate; plus
 - (ii) \$350; and
- (b) payment of any unpaid but due policy premiums if the policy is in its grace period; and
- (c) payment of a pro rata amount of any policy loans.

Effect of Benefit Payment on Policy

The following adjustments will be made upon payment of the Terminal Illness Accelerated Benefit Amount:

- (a) the Face Amount and the Accidental Death Benefit will each be reduced by the amount of the Terminal Illness Accelerated Benefit shown in the policy; and
- (b) any amount available for policy loans and any Net Cash Value will be reduced in the same proportion as the reduction in the Death Benefit; and
- (c) the future premiums for the Insured's life coverage under the policy will be set as if such insurance had been originally issued at the reduced Face Amount.

Limitations

The Owner is not eligible to elect the Terminal Illness Accelerated Benefit if:

- (a) the Owner is required by law to use this rider to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (b) the Owner is required by a government agency to use this rider to apply for, obtain, or keep a government benefit or entitlement; or
- (c) the Owner is required by a court order to maintain the Insured's life insurance coverage under the policy for another person's benefit; or
- (d) any Terminal Illness results directly from the Insured's self-inflicted injury or attempted suicide, while sane or insane; or
- (e) the consent of any irrevocable beneficiary, assignee or other required party to the Owner's election of an Terminal Illness Accelerated Benefit has not been obtained.

Medicaid/Government Benefits

Receipt of a Terminal Illness Accelerated Benefit payment may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

SERFF Tracking Number: AMGN-126230579 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 42969
 Company Tracking Number: AGLA 09GBL
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: AGLA 09GBL Graded Death Benefit Whole Life Policy
 Project Name/Number: AGLA 09GBL Graded Death Benefit Whole Life Policy/AGLA 09GBL

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
87-1.pdf		
AGLA120Z49 REV0807.pdf		
ARCERT2.pdf		
ARCert5.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
The application that will be used to apply for the policy is also being submitted for approval and is attached under the Form Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachments:		
Statement of Variability in Policy Form AGLA 09GBL-rev2.pdf		
Arkansas_GBWL_APP_Variable_Copy_Detail.pdf		

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY
A Member Company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001
(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services
American General Life and Accident Insurance Company
American General Center - 305N
Nashville, Tennessee 37250
PH: 1-800-888-2452

State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
PH: 1-800-852-5494

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

American General Life and Accident Insurance Company

A member company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001





**American General Life and
Accident Insurance Company**

American General Center
Nashville, TN 37250-0001

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 09GBL	Graded Death Benefit Whole Life Policy
AGLA1000SMGAR	Authorization/Application/Acceptance Form
AGLA 09TIR	Terminal Illness Accelerated Death Benefit Rider
AGLA 120Z154	Summary and Disclosure Notice

This is to certify that, to the best of my knowledge and belief, the above forms comply 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 "Kerry Kixmiller".

Kerry Kixmiller, FSA, MAAA
Vice President

DATE: July 17, 2009



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



**American General Life and
Accident Insurance Company**

American General Center
Nashville, TN 37250-0001

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject:	AGLA 09GBL	Graded Death Benefit Whole Life Policy
	AGLA1000SMGAR	Authorization/Application/Acceptance Form
	AGLA 09TIR	Terminal Illness Accelerated Death Benefit Rider
	AGLA 120Z154	Summary and Disclosure Notice

This is to certify that the above forms, to the best of my knowledge and belief, meet the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in black ink that reads "Kerry Kixmiller". The signature is written in a cursive style.

Kerry Kixmiller, FSA, MAAA
Vice President

DATE: July 17, 2009



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

Statement of Variability in Policy Form AGLA 09GBL

Policy Data

Insured	This field must be variable to reflect the name of the insured. The name is fixed at issue.
Age	This field must be variable to reflect the issue age of the insured. The range of values is from 40 – 80. This amount is fixed at issue.
Gender	This field must be variable to reflect the gender of the insured. The possible values are either Male or Female. The gender is fixed at issue.
Policy Number	This field must be variable to reflect the policy number. The policy number is a nine digit number that is fixed at issue.
Policy Date	This field must be variable to reflect the policy issue date. The range of values is from 05-01-2009 to 12-31-9999. This date is fixed at issue.
Initial Premium	This field must be variable to reflect the initial premium paid by the policyholder. The value in this field is chosen by the policyholder. The range of values is from \$1 - \$1,000,000. This value is fixed at issue.
Premium Payment Interval	This field must be variable to reflect the premium payment interval that the policyholder has chosen to pay. The possible values are as follows: One Year Six Months Three Months One Month This value is fixed at the policyholder's choice.

Benefits and Premiums

Maturity Date	This field must be variable to reflect the termination date of the contract. This value is defined as the date of the policy anniversary that occurs during the insured's 121 st year. The range of values is from the 05-01-2050 to 12-31-9999. For any policy date/initial term period combination, this value is fixed.
Annual Premium	This field must be variable to reflect the annual premium to be paid by the policyholder for the specified coverage. The factors that determine this value are gender, issue age, and face amount. The range of values is from \$1 - \$1,000,000. For any factor combination, this value is fixed.
Premiums Payable	This field must be variable to reflect the number of years that the annual premium is due. This value is fixed at issue.

Total Annual Premium	This field must be variable to reflect the total annual premium to be paid by the policyholder for all coverages. The factors that determine this value are gender, issue age, premium class, and face amount for each coverage. The range of values is from \$1 - \$1,000,000. For any factor combination, this value is fixed.
Table of Death Benefits – Face Amount	These fields must be variable to reflect the schedule of coverage. The range of values is from \$1 - \$1,000,000. These values are fixed at issue.
Table of Death Benefits – Accidental Death Benefit	These fields must be variable to reflect the schedule of coverage. The range of values is from \$1 - \$1,000,000. These values are fixed at issue.
Table of Policy Values	These fields must be variable to reflect the policy's values. The factors that determine these values are gender, issue age, and face amount. The range of values is from \$0 - \$1,000,000. These values are fixed at issue.
Nonforfeiture Factor	This field must be variable to reflect the policy's nonforfeiture factor. The factors that determine this value are gender, issue age, and face amount. The range of values is from \$0 - \$1,000,000. This value is fixed at issue.

Mortality Tables and Nonforfeiture Interest Rate

Nonforfeiture Interest Rate	This field must be variable to reflect the nonforfeiture interest rate in effect at the time the policy is issued. The range of values is from 1.0% to 50.0%. This value is fixed at issue.
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American General Life and Accident Insurance Company
Statement Marketing (Direct Marketing) for Approval by State DOI
Variable Copy Detail for: AGLA1000SMGAR
ARKANSAS

Use of Forms:

1. Direct Marketing purposes (Mail)
2. A Graded Death Benefit Whole Life Policy (AGLA 09GBL) will be offered to AGLA Life (Whole and Term) Adult Insureds (Ages 40-80)
3. Mail package will consist of:
 - ➔ Marketing letter
 - ➔ Billing Statement
 - ➔ Payment Coupon/Application
 - ➔ Business Reply Envelope (plain 2-window envelope with logo on flap - no advertising)

APPLICATION: AGLA1000SMGAR

(Variable data or bracketed information)

- ➔ [SAMPLE B.] [SAMPLE] – Applicant/Insured Name
- ➔ [STATE] – Residing state of insured
- ➔ [Authorization/Application/Acceptance] - will test response by using one of the three title options: Authorization, Application or Acceptance
- ➔ \$[10,000] - coverage/face amount
- ➔ \$[50.27]/[month] - premium amount and frequency of premium payments
- ➔ Insured Address, City, State and Zip