

SERFF Tracking Number: AMGN-126245307 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 43054
Company Tracking Number: AGLA2181N REV0709
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Foreign Travel and Residence Questionnaire
Project Name/Number: Foreign Travel and Residence Questionnaire/AGLA2181N REV0709

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: Foreign Travel and Residence Questionnaire SERFF Tr Num: AMGN-126245307 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 43054

Sub-TOI: L08.000 Life - Other

Co Tr Num: AGLA2181N REV0709 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Hyacinth Prince

Disposition Date: 07/29/2009

Date Submitted: 07/28/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Foreign Travel and Residence Questionnaire

Status of Filing in Domicile: Pending

Project Number: AGLA2181N REV0709

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: 07/29/2009

Explanation for Other Group Market Type:

State Status Changed: 07/29/2009

Deemer Date:

Created By: Hyacinth Prince

Submitted By: Hyacinth Prince

Corresponding Filing Tracking Number:

Filing Description:

AGLA2181N REV0709 Foreign Travel and Residence Questionnaire

The referenced form is being submitted for your consideration and approval. It is new and does not replace any form previously approved by your department. The referenced form has been submitted to our domicile state of Tennessee.

AGLA2181N REV0709 will be used in conjunction with life applications when additional information is required to complete the underwriting process.

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The Flesch score for the Agreement Section of AGLA2181N REV0709 is 50.7.

If I may provide any additional information, please contact me as shown.

Company and Contact

Filing Contact Information

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

Filing Company Information

American General Life and Accident Insurance Company CoCode: 66672 State of Domicile: Tennessee
 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: \$20.00
 Retaliatory? No
 Fee Explanation:
 1 form x 20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$20.00	07/28/2009	29482331

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/29/2009	07/29/2009

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Disposition

Disposition Date: 07/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA2181N REV0709	Application/Enrollment Form	Foreign Travel and Residence Questionnaire	Initial		50.700	2181N AR.pdf

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Supporting Document Schedules

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

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



**American General Life and
Accident Insurance Company**

American General Center
Nashville, TN 37250-0001

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA2181N REV0709 Foreign Travel and Residence Questionnaire

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

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

Kerry Kixmiller, FSA, MAAA
Vice President

DATE: July 28, 2009



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