

SERFF Tracking Number: AGLA-126609003 State: Arkansas
 Filing Company: American General Life and Accident Insurance Company State Tracking Number: 45588
 Company Tracking Number: AGLA1000SMGAR2
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Authorization/Application/Acceptance Form
 Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: SERFF Tr Num: AGLA-126609003 State: Arkansas

Authorization/Application/Acceptance Form

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 45588
 Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: AGLA1000SMGAR2 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Hyacinth Prince Disposition Date: 05/06/2010

Date Submitted: 05/05/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Authorization/Application/Acceptance Form

Status of Filing in Domicile: Pending

Project Number: AGLA1000SMGAR2

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: 05/06/2010

Explanation for Other Group Market Type:

State Status Changed: 05/06/2010

Deemer Date:

Created By: Hyacinth Prince

Submitted By: Hyacinth Prince

Corresponding Filing Tracking Number:

Filing Description:

AGLA1000SMGAR2 Authorization/Application/Acceptance Form

The above 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.

AGLA1000SMGAR2 is an Authorization/Application/Acceptance Form that will be used in direct marketing to inforce policyowners as an offer to purchase graded death benefit whole life insurance. Form AGLA1000SMGAR2 will be used

SERFF Tracking Number: AGLA-126609003 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
 Company
 Company Tracking Number: AGLA1000SMGAR2
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Authorization/Application/Acceptance Form
 Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

for offers of individual, nonparticipating insurance on adult insureds. The form will be included in a package with the policyowner's billing statement. If the policyowner elects to purchase additional cover, he or she must complete and return the authorization/application/acceptance form.

An explanation of the bracketed items on the referenced form is attached.

The Flesch readability score for AGLA1000SMGAR2 is 59.8

Company and Contact

Filing Contact Information

Kathryn Mitchell, Kathryn.Mitchell@aglife.com
 American General Center 615-749-1139 [Phone]
 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: Company Type: L&H
 Nashville, TN 37250-0001 Group Name: 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 form x 50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$50.00	05/05/2010	36243828

SERFF Tracking Number: AGLA-126609003 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
Company
Company Tracking Number: AGLA1000SMGAR2
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Authorization/Application/Acceptance Form
Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/06/2010	05/06/2010

SERFF Tracking Number: AGLA-126609003 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
Company
Company Tracking Number: AGLA1000SMGAR2
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Authorization/Application/Acceptance Form
Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Disposition

Disposition Date: 05/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGLA-126609003 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
 Company
 Company Tracking Number: AGLA1000SMGAR2
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Authorization/Application/Acceptance Form
 Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Authorization/Application/Acceptance Form		Yes

SERFF Tracking Number: AGLA-126609003 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
 Company
 Company Tracking Number: AGLA1000SMGAR2
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Authorization/Application/Acceptance Form
 Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA1000 SMGAR2	Application/ Enrollment Form	Authorization/ tion/Acceptance Form	Initial		59.800	AGLA1000S MGAR2.pdf

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.

MUST ANSWER REPLACEMENT QUESTION TO HAVE THE APPLICATION PROCESSED.

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: \$[xx,xxx.xx] / Graded Death Benefit Whole Life

Insurance Premium: \$[x.xx]/[month]

Name of Insured: [SAMPLE B.] [SAMPLE]

Address: [1234 ADDRESS 1], [ADDRESS 2]
[CITY], [STATE] [ZIP]

Beneficiary: _____
First Name M.I Last Name
(Insured's Estate if no designation made)

Relationship
to Insured: _____

[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.]

Will any existing insurance coverage or annuity contract be replaced or changed if the policy applied for is issued? Yes 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 Insured [SAMPLE B. SAMPLE]

Date

SERFF Tracking Number: AGLA-126609003 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 45588
Company
Company Tracking Number: AGLA1000SMGAR2
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Authorization/Application/Acceptance Form
Project Name/Number: Authorization/Application/Acceptance Form/AGLA1000SMGAR2

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application Comments: The direct mail application is under Form Schedule Tab.		

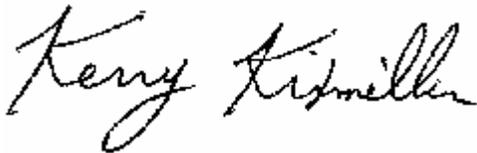
	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: AGLA_Variable_Info_1000SMGAR2_Arkansas.pdf		

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA1000SMGAR2 Authorization/Application/Acceptance Form

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, prominent "K" at the beginning.

Kerry Kixmiller, FSA, MAAA
Vice President

DATE: May 5, 2010

American General Life and Accident Insurance Company
Statement Marketing (Direct Marketing) for Approval by State DOI
Variable Copy Detail for: AGLA1000SMGAR2
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: AGLA1000SMGAR2

(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
- ➔ \$[xx,xxx.xx] - coverage/face amount
- ➔ \$[x.xx]/[month] - premium amount and frequency of premium payments
- ➔ [1234 ADDRESS 1], [ADDRESS 2], [CITY], [STATE] [ZIP] - Insured Address
- ➔ Health statement (above replacement question) – will test response by including or omitting this statement.