

SERFF Tracking Number: AGLA-126702707 State: Arkansas  
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 46105  
Company Tracking Number: AGLA1000-GBL-AR (0410)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Authorization Form for Life Insurance  
Project Name/Number: Authorization Form for Life Insurance/AGLA1000-GBL-AR (0410)

## Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: Authorization Form for Life Insurance SERFF Tr Num: AGLA-126702707 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved-Closed State Tr Num: 46105

Sub-TOI: L08.000 Life - Other Co Tr Num: AGLA1000-GBL-AR (0410) State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird  
Author: Hyacinth Prince Disposition Date: 07/06/2010  
Date Submitted: 07/01/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Authorization Form for Life Insurance  
Project Number: AGLA1000-GBL-AR (0410)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 07/06/2010

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 07/06/2010  
Created By: Hyacinth Prince  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Hyacinth Prince  
Filing Description:  
AGLA1000-GBL Authorization Form for Life Insurance

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.

AGLA1000-GBL is an Authorization Form for Life Insurance that will be used for direct marketing purposes as an offer to

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purchase individual, nonparticipating graded death benefit whole life insurance. If the applicant elects to purchase this coverage, he or she must complete and return the authorization form for life insurance.

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

The Flesch readability score for AGLA1000-GBL 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

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## 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	07/01/2010	37691075

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/06/2010	07/06/2010

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## Disposition

Disposition Date: 07/06/2010

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	Statement of Variability		Yes
Form	Authorization Form for Life Insurance		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA1000-GBL-AR (0410)	Application/ Authorization Form Enrollment for Life Insurance Form	Initial		59.800	AGLA1000-GBL-AR (0410).pdf

# Authorization Form for Life Insurance

American General Life and Accident Insurance Company, American General Center, Nashville, TN 37250-0001

Name of Insured: \_\_\_\_\_

Insurance Coverage: Graded Death Benefit Whole Life

Address: \_\_\_\_\_

I would like to apply for the following Units of Insurance:

- |                               |                              |                                |                                |
|-------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> One  | <input type="checkbox"/> Two | <input type="checkbox"/> Three | <input type="checkbox"/> Four  |
| <input type="checkbox"/> Five | <input type="checkbox"/> Six | <input type="checkbox"/> Seven | <input type="checkbox"/> Eight |

I would like for my Premium Payment to occur [  Monthly  Quarterly  Annually  Semi-Annually ]

My Birth Date is \_\_\_ / \_\_\_ / \_\_\_\_ I am  Male  Female My beneficiary's name is \_\_\_\_\_

My Social Security Number is \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ The beneficiary's relationship to me is \_\_\_\_\_

(The Beneficiary is the Insured's Estate if no designation is made)

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: \_\_\_\_\_

[ 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. ]

**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.**

Date \_\_\_ / \_\_\_ / \_\_\_\_ Signature X \_\_\_\_\_ Telephone Number: ( \_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**Sign below if you would like to make automatic monthly premium payments. Your initial premium check will provide the required bank information.**

**Automatic Bank Deduction Authorization:** To deduct my insurance premium from my account, I authorize American General Life and Accident Insurance Company (AGLA) to charge my insurance premium to my bank account and the bank named on the enclosed check. Double monthly deductions may occur if a scheduled withdrawal was not processed. This authorization remains in effect until AGLA receives my cancellation in writing 30 days prior to the collection date, requesting AGLA to cancel my automatic premium payments, or until my bank account otherwise terminates.

Payor's Signature X \_\_\_\_\_ Today's Date \_\_\_ / \_\_\_ / \_\_\_\_ Premium Deduction Day (1<sup>st</sup> to 28<sup>th</sup> Day of Month) \_\_\_\_\_

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> ARCERT2.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> Direct Mail application attached under Form Schedule Tab.		

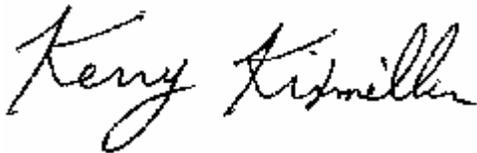
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> AGLA_Variable_Info_1000-GBL-AR_Arkansas.pdf		

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA1000-GBL-AR (0410) Authorization Form for Life Insurance

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 1, 2010

**American General Life and Accident Insurance Company**  
**Statement Marketing (Direct Marketing) for Approval by State DOI**  
**Variable Copy Detail for: AGLA1000-GBL-AR**  
**ARKANSAS**

**Use of Forms:**

1. Direct Marketing purposes (Mail)
2. A Graded Death Benefit Whole Life Policy (AGLA 09GBL) will be offered to Prospects (list rentals) and AGLA Life (Whole and Term) Adult Insureds (Ages 40-80)
3. Mail package will consist of:
  - ➔ Marketing letter
  - ➔ How to Apply Instructions/Rate Chart
  - ➔ Application (variable detail below)
  - ➔ Brochure
  - ➔ Outside Envelope and Business Reply Envelope

**APPLICATION: AGLA1000-GBL-AR**

(Variable data or bracketed information)

- ➔ Name of Insured and Address: We will print the Name and Address of the Prospect.
- ➔ Units of Insurance: We will only sell between One and Eight Units of Insurance, but, we will not always offer *all* 8 units of insurance (i.e. we may only offer Three Units, Four Units and Five Units).
- ➔ Premium Payment frequency: We will only sell this insurance using Monthly, Quarterly, Annually or Semi-Annually premium payment frequencies, but, we will not always offer all frequency options (i.e. we may only offer one premium payment frequency – Monthly - therefore, the check box is also variable).
- ➔ Health statement (below the replacement question): On a campaign basis, we will test response by including or omitting the health statement. Example: Our next mail campaign will NOT include the health statement. Then, for next year's mail campaign, we will include the health statement.