

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: AG Elite Transition Index
Project Name/Number: AG Elite Transition Index/AG Conversion IUL

Filing at a Glance

Company: American General Life Insurance Company
Product Name: AG Elite Transition Index
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 10/04/2012
SERFF Tr Num: AMGN-128701467
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12436

Implementation
Date Requested:
Author(s): Nancy Smith, Janice Hooey
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/22/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: AG Elite Transition Index Status of Filing in Domicile: Authorized
Project Number: AG Conversion IUL Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/22/2012
State Status Changed: 10/22/2012
Deemer Date: Created By: Janice Hooey
Submitted By: Janice Hooey Corresponding Filing Tracking Number: 12436

Filing Description:

RE: 12436 – Individual Fixed Index Interest Flexible Premium Adjustable Life Insurance Policy
12765 – Monthly Guarantee Premium Rider

Dear Sir or Madam:

These forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This policy will be sold by licensed agents with an illustration compliant with the NAIC Model Illustration Regulation.

This policy is an individual non-participating, Fixed Index Interest Flexible Premium Adjustable Life Insurance policy. A Premium Expense Charge will be deducted from the gross premium, and the net premium amount will be credited to the Accumulation Value. The Premium Expense Charge is calculated by multiplying the applicable Premium Expense Charge Percentage, not to exceed 10.00%, by the premium paid. Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$12.00, cost of insurance provided by the base policy, charges for benefits provided by riders, and a Monthly Expense Charge for the duration stated on the Policy Schedule. A Monthly Expense Charge will also be applied to any increase in Specified Amount for the duration stated on the Policy Schedule.

Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance. Applicants may choose one of two Death Benefit Compliance Tests when applying for this policy: The Cash Value Accumulation Test or the Guideline Premium Test.

The Owner may elect to receive declared fixed interest and/or index interest at the time of application. Declared fixed interest is credited monthly to the Accumulation Value based upon a declared interest rate set by the Company. Declared interest rates will never be less than the Minimum Guaranteed Interest Rate of 2%.

Fixed Index Interest Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive index interest. These Index Accounts will be made a part of the policy in the form of one or more riders. Subsequent Index Accounts may be established on each Allocation Day. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive index interest will be placed in an Interim Account. The Interim Account will receive interest based upon a declared interest rate set by the Company. Interim Account declared interest rates will never be less than the Minimum Guaranteed Interest Rate of 2%.

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As previously stated the Index Accounts will be made a part of this policy in the form of one or more riders. Such riders have been previously approved by your Department. Please be assured that a rider will not be made available until we have received the appropriate regulatory approval.

The enclosed Monthly Guarantee Premium Rider guarantees that the policy to which it is attached will not lapse during the Rider Guarantee Period if on each Monthly Deduction Day the sum of: a) premiums paid less partial surrenders, accumulated with interest; less b) outstanding loans, if any, equals or exceeds the sum of the Rider Monthly Guarantee Premiums from the Date of Issue, including the current month, accumulated with interest. The Rider Guarantee Period begins on the date of issue and ends on the policy anniversary nearest the insured's age shown on the Policy Schedule. The rider is written so that it can be attached at issue to flexible premium adjustable life insurance policies approved by your Department. The Rider MGP will be recalculated if the Specified Amount is increased or decreased, a benefit rider is increased, decreased, added or removed, there is a change in the Premium Class or the Death Benefit Option is changed. The rider cost is calculated on each Monthly Deduction Day based on the policy's Net Amount at Risk.. The cost of insurance for the rider will be deducted from the Accumulation Value of the policy.

This policy will normally be issued on a sex distinct basis. However, it may be issued on a unisex basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and unisex policies will be issued with unisex pages.

These forms have been written using simplified language. The Flesch Readability scores are as follows:

Form	Score	Words	Syllables	Sentences
12436	53.71	10,004	16,240	643
12765	51.97	567	939	39

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 8313194. You may also reach me via e-mail at the following address: Nancy.M.Smith@aglife.com.

Sincerely,

Nancy M. Smith
Compliance Administrator

Company and Contact

Filing Contact Information

Nancy Smith, Compliance Analyst Sr.	Nancy.Smith@valic.com
2919 Allen Parkway, L10-30	713-831-6070 [Phone]
Houston, TX 77019	713-831-6932 [FAX]

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Filing Company Information

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 25-0598210	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$100.00 per filing
 Per Company: No

Company	Amount	Date Processed	Transaction #
American General Life Insurance Company	\$100.00	10/04/2012	63439180

SERFF Tracking #:

AMGN-128701467

State Tracking #:

Company Tracking #:

12436

State:

Arkansas

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

AG Elite Transition Index

Project Name/Number:

AG Elite Transition Index/AG Conversion IUL

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2012	10/22/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/11/2012	10/11/2012

Response Letters

Responded By	Created On	Date Submitted
Janice Hooey	10/19/2012	10/19/2012

State: Arkansas **Filing Company:** American General Life Insurance Company
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Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	L4339 Notice		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	External Indexed Certification		Yes
Form	Individual Fixed Index Interest Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Monthly Guarantee Premium Rider		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/11/2012
Submitted Date	10/11/2012
Respond By Date	11/12/2012

Dear Nancy Smith,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking #:

AMGN-128701467

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Company Tracking #:

12436

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/19/2012
Submitted Date 10/19/2012

Dear Linda Bird,

Introduction:

This letter is in response to your objection regarding the External Indexed Guidelines.

Response 1

Comments:

I have attached the External Indexed Certification under the Supporting Documentation Tab.

Related Objection 1

Comments:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: External Indexed Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank You

Sincerely,

Janice Hooley

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Form Schedule

Lead Form Number: 12436

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		12436	POL	Individual Fixed Index Interest Flexible Premium Adjustable Life Insurance Policy	Initial:	53.710	12436_ELITE_TRANSITION_INDEX_UL_AR.pdf
2		12765	POLA	Monthly Guarantee Premium Rider	Initial:	51.970	12765_MONTHLY_GUARANTEE_PREMIUM_RIDER.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

JOHN DOE
POLICY NUMBER: 000000000

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251

(713) 522-1111

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the Insured's death, and will be subject to the terms of this policy.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if the Insured is living on that date and if this policy is in force provided the Owner chooses not to continue coverage beyond the Maturity Date. (See "Option to Extend Coverage".)

The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is an **INDIVIDUAL FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY**. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. **ACCUMULATION VALUES** and **CASH VALUES** are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. Index interest is not credited to the Death Benefit. **NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.**

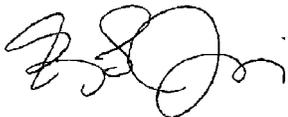
The values of this policy may be affected by an external index. This policy does not directly participate in any stock or other equity investments.

NOTICE OF RIGHT TO EXAMINE POLICY

You may return this policy within twenty* days after delivery if You are not satisfied with it for any reason. This policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of this policy within the twenty* day period, it will be void from the beginning, and We will refund any premium paid.

*If the application for this policy indicates a replacement, the number of days is thirty days or longer if required by the applicable law in the state where this policy is issued for delivery.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

INDIVIDUAL FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE
READ YOUR POLICY CAREFULLY

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DEFINITIONS

Company Reference. The words "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77251; Mailing Address P.O. Box 1931, Houston, Texas 77251.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

Premium Class. The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms based on Our underwriting standards:

Preferred Plus. The term "Preferred Plus" means the cost of insurance is based on the Insured's being an exceptional mortality risk and a non-user of tobacco and/or other products that contain nicotine.

Preferred. The term "Preferred" means the cost of insurance is based on the Insured's being a significantly better than average mortality risk.

Standard Plus. The term "Standard Plus" means the cost of insurance is based on the Insured's being a better than average mortality risk.

NOTICE

This Policy Is A Legal Contract Between
The Policy Owner And The Company.

DEFINITIONS (Cont'd)

Standard. The term "Standard" means the cost of insurance is based on the Insured's being an average mortality risk.

Tobacco. The term "Tobacco" means the cost of insurance is based on the Insured's being a user of tobacco and/or other products that contain nicotine.

Non-Tobacco. The term "Non-Tobacco" means the cost of insurance is based on the Insured's being a non-user of tobacco and/or other products that contain nicotine.

Special. The term "Special" means "Substandard" or "Rated". This means an extra amount is being charged due to the Insured's health, occupation or avocation.

POLICY SCHEDULE

Insured:	John Doe	Policy Number:	000000000
Insurance Age:	35	Date of Issue:	July 1, 2012
[Sex:	Male]	Maturity Date:	July 12, 2098
Initial Specified Amount:	\$50,000.00	Death Benefit Option:	[1]

This Is A [Sex Distinct] Policy

Premium Class:	Preferred Plus
Initial Premium:	\$998.40
Planned Periodic Premium:	\$998.40 Payable Annually
Monthly Deduction Day:	[12 th] Day of Each Month
Minimum Specified Amount (after a Decrease in Specified Amount):	[\$50,000.00]
Monthly Guarantee Premium:	[\$21.50]
Guarantee Period:	First [20] Policy Years
Monthly Expense Charge:	[\$6.21]
Monthly Expense Charge Duration:	First [5] Policy Years First [5] Years of an Increase

Partial Surrender Fee:	Not to exceed \$50.00
Surrender Charges:	See Pages 24-25
Death Benefit Discount Factor:	1.001651

Minimum Guaranteed Interest Rates used in Calculating Accumulation Values:	Annual Effective	Monthly
Declared Interest Account:	2.00%	.1651%
Interim Account:	2.00%	.1651%
Index Accounts:	See Page 3 (Cont'd)	

Mortality Table:	2001 Commissioners Standard Ordinary [Male or Female,] Smoker or Nonsmoker, Ultimate ANB Mortality Table
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Death Benefit Compliance Test:	[Guideline Premium]
Premium Expense Charge Percentage:	Guaranteed Initial
Monthly Administration Fee:	10.00% [8.00%]
	\$12.00 [\$10.00]

Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the Initial Premium, subsequent premiums are insufficient to continue coverage to such date, or the requirements of any Monthly Guarantee Premium provision have not been met. The duration of coverage will depend on: 1) the amount, timing and frequency of premium payments; 2) the interest rate credited; 3) cost of insurance rates and expense charges; 4) cost of riders, if any; 5) any outstanding loans or partial surrenders; and 6) policy changes that include policy increases or decreases. These factors may require more premium to be paid or may cause this policy to lapse prior to the Maturity Date. If coverage continues to the Maturity Date, there is the possibility there may be little or no Cash Surrender Value to be paid on that date.

This Is A[n] [State Name] Policy

Policy Schedule Continued - Policy Number: 0000000000

Index Interest Accounts

Annual Point-To-Point Fixed Index Interest Account With Participation Rate Rider

Allocation Day	[12th Day of Each Month]
Guaranteed Interest Rate	[2.00%]
Eligible Value Factor	[.02]
Initial Participation Rate	[50.00%]
Minimum Participation Rate	[0.00%]
S&P 500® Index on the Date of Issue	[1,000.00]
Maximum Partial Surrender	[10.00%]

Annual Point-To-Point Fixed Index Interest Account With Index Cap Rider

Allocation Day	[12th Day of Each Month]
Guaranteed Interest Rate	[1.00%]
Eligible Value Factor	[.01]
Initial Index Cap	[10.00%]
Minimum Index Cap	[0.00%]
S&P 500® Index on the Date of Issue	[1,000.00]
Maximum Partial Surrender	[10.00%]

Additional Benefits Provided By Riders

Monthly Cost

Years Payable

Monthly Guarantee Premium Rider

See Rider

To Attained Age [100]

Rider MGP:	[\$34.00]
Computational Rates:	
Policy Years 1 – [20]	[0.00%]
Policy Years [21] and Thereafter	[5.50%]
Rider Guarantee Period:	To Attained Age [100]

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. This policy; and
2. The attached riders, if any, that add benefits to this policy; and
3. The attached endorsements, if any; and
4. The attached copy of Your application, and any attached amendments or attached supplemental applications.

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and Monthly Deduction dates are determined. The Date of Issue can be any day of the month We designate as an issue date except for the 29th, 30th or 31st. Within twenty calendar days of the date the Initial Premium was paid, the Owner may elect to have the Date of Issue reset to the first designated issue date after the Initial Premium was paid. In the event the Owner elects to have the Date of Issue reset and the date the Initial Premium was paid is either the

29th, 30th or 31st, the Date of Issue will be reset to the first designated issue date of the month following the month in which the Initial Premium was paid.

Owner. The Owner is as stated in the application unless later changed. During the Insured's lifetime, the Owner may exercise every right this policy confers or We allow (subject to the rights of any assignee of record). You may have multiple Owners of this policy. In that case, the authorizations of all Owners are required In Writing for all policy changes. The Owner may be the same person as the Insured but does not have to be. If an Owner dies while this policy is in force and the Insured is living, ownership rights pass to a successor Owner recorded in Our records, if any; otherwise, ownership rights pass to the estate of the Owner.

Types of Accounts. There are three types of accounts available with this policy to which interest, if any, is credited to the Accumulation Value. They are:

1. The Fixed Index Interest Account(s);
2. The Declared Interest Account; and
3. The Interim Account.

Fixed Index Interest Accounts will be made a part of this policy in the form of one or more rides.

PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. Please refer to the "Policy Values Provisions" for a detailed explanation.

Planned Periodic Premiums. The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment of the Planned Periodic Premium may not be sufficient to keep Your policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period" and "Monthly Guarantee Premium".)

PREMIUM PAYMENTS (Cont'd)

Unscheduled Additional Premiums. You may pay unscheduled additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium" and "Maximum Net Amount at Risk".) Any unscheduled payment will be applied as an unscheduled additional premium unless You specifically state otherwise.

Maximum Premium. We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test and under applicable tax laws. The test is shown on the Policy Schedule.

Maximum Net Amount at Risk. We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk unless the Insured is living and provides evidence of insurability satisfactory to Us. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the "Net Amount at Risk" as shown in the "How We Calculate the Cost of Insurance for this Policy" provision.)

Where to Pay. You may make Your payments to Us at Our Home Office or to an agent authorized by Us to receive such payment. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the

premium paid by the Premium Expense Charge Percentage. The Premium Expense Charge Percentage is adjustable, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule. No Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Value from another policy issued by the Company. (We refer to this as an internal rollover.)

Net Premium. The term Net Premium as used in this policy means the premium paid, less the Premium Expense Charge except as stated in the "Premium Expense Charge" provision.

Allocation of Net Premiums. The initial allocation of Net Premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner. The percentage allocation for future Net Premiums may be changed at any time. We must receive Your Written request that changes Your allocation instructions at least 30 days prior to an Allocation Day.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to Fixed Index Interest (Index Interest) or Declared Interest Accounts or may be divided between the accounts in whole percentage points totaling 100%.

Net Premiums received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. Such account will receive interest as described in the "Interest Rates" provision.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If the Insured dies prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of death; and
2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (Cont'd)

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in the "Changing Your Insurance Policy" section.

Net premiums received before the date of death will not be refunded but will be included in the Accumulation Value for purposes of calculating the Death Benefit Amount. Any premium received on or after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount.

The Death Benefit Proceeds will be the Death Benefit Amount, after refunding any premium received on or after the date of death, less any outstanding loans, plus any amounts that are payable under riders and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Compliance Test. The Death Benefit Compliance Test is used to determine if a policy will qualify as life insurance under applicable tax laws. The test which You have chosen is shown on the Policy Schedule. You cannot change Your Death Benefit Compliance Test choice after the Date of Issue.

Death Benefit Option. The Death Benefit Option which You have chosen is shown on the Policy Schedule as either Option 1 or 2.

Option 1. If You have chosen Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of death; or
2. The greater of the Accumulation Value and the Cash Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Option 2. If You have chosen Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of death; or
2. The greater of the Accumulation Value and the Cash Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Death Benefit Corridor Rates are shown in the Death Benefit Corridor Rates table.

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or the Death Benefit Option at any time except that a decrease in Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing. The change and its effective date will appear in an endorsement to this policy.

Increasing the Specified Amount. We will require an application and evidence of insurability satisfactory to Us for any increase in Specified Amount.

An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date will appear in an endorsement to this policy.

Decreasing the Specified Amount. Any decrease will go into effect on the Monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

1. The Minimum Specified Amount (after a Decrease in Specified Amount) shown on the Policy Schedule; or

CHANGING YOUR INSURANCE POLICY (Cont'd)

2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

Any reduction in Specified Amount will be subject to any applicable surrender charges. The pro-rata surrender charge is calculated by multiplying the number of thousands of Specified Amount being surrendered by the appropriate rate shown in the Table of Surrender Charges per \$1,000 of Specified Amount. The pro-rata surrender charge will be deducted from the Accumulation Value. The surrender charges for the remainder of the Surrender Charge Period will be reduced proportionally. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

Changing the Death Benefit Option. You may request a change from Option 1 to Option 2 or from Option 2 to Option 1.

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to the change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision, except that such decrease will not be subject to a pro-rata surrender charge and the surrender charge will not change due to such decrease.
2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount, prior to the change, plus the Accumulation Value as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Changing the Terms of Your Policy. Any change in Your policy must be approved in writing by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

INTEREST ACCOUNTS

Declared Interest Account. Net Premiums and loan repayments received that are not designated to receive Index Interest will be placed in the Declared Interest Account. The Declared Interest Account will receive interest as described in the "Interest Rates" provision.

Interim Account. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. The Interim Account will receive interest as described in the "Interest Rates" provision.

INTEREST ACCOUNTS (Cont'd)

Fixed Index Interest Accounts. Fixed Index Interest Accounts (Index Accounts) will be made a part of this policy in the form of one or more riders. Each rider will describe in detail how Index Interest is to be calculated and applied to an Index Account.

Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. These Index Accounts are established in accordance with the premium allocation percentages in effect. Subsequent Index Accounts will be established on the Allocation Day shown on the Policy Schedule, as needed.

On each Allocation Day, the following will be placed in the appropriate Index Account:

1. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
2. The Accumulation Value in the Interim Account; and
3. The Renewal Allocation Amount as described in each rider.

You may allocate all or a portion of the Accumulation Value receiving Declared Interest to a new Index Account. Such value will be placed in the Interim Account until the next Allocation Day when a new Index Account is established.

POLICY VALUES PROVISIONS

Accumulation Value:

On the Date of Issue. The Accumulation Value on the Date of Issue will be:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month. (See "How We Calculate a Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. Take the Accumulation Value as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and

3. Add the interest earned for the month:
 - a. Interest will be applied for the entire month on the excess of the Accumulation Value on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
 - b. If a Net Premium has been received since the last Monthly Deduction Day, including the Date of Issue, interest on such amount will be added on a pro-rata basis beginning with the date received through the last day of the policy month. No interest is applied until the Initial Premium is paid;
 - c. If a partial surrender has been made since the last Monthly Deduction Day, interest on the amount of such partial surrender will be added on a pro-rata basis beginning with the last Monthly Deduction Day through the day of such partial surrender; and

POLICY VALUES PROVISIONS (Cont'd)

4. Add Index Interest, if any; and
5. Subtract any partial surrenders made, any pro-rata surrender charges and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month. (See "How We Calculate a Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The Accumulation Value on any day other than a Monthly Deduction Day will be:

1. The Accumulation Value as of the last Monthly Deduction Day;
2. Less any partial surrenders paid, any pro-rata surrender charges and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus interest earned since the last Monthly Deduction Day.

The Accumulation Value will never be less than zero.

Cash Value. The Cash Value of this policy will be equal to the Accumulation Value, less the surrender charge, if any.

Cash Surrender Value. The Cash Surrender Value of this policy will be equal to the Cash Value less any outstanding loans.

Monthly Deductions May Be Made Only if There is Sufficient Value (Unless Policy is Being Continued Under the Monthly Guarantee Premium Provision). Unless this policy is being continued in force under the Monthly Guarantee Premium provision, a

Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. The Accumulation Value will be reduced by the amount of each Monthly Deduction. If the Cash Surrender Value on a Monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month this policy will be subject to the "Grace Period" and "Monthly Guarantee Premium" provisions.

Surrender Charge. Surrender charges will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply if such increases are surrendered or reduced during the Surrender Charge Period of each increase. The Surrender Charge Period will vary according to the age at issue (or age on the date of an increase) as shown in the Table of Surrender Charges per \$1,000 of Specified Amount.

You may make a request for a full surrender at any time during the Insured's lifetime before the Maturity Date.

A full surrender, partial surrender or reduction in Specified Amount due to a requested partial surrender will be calculated as of the day We receive Your request.

How We Calculate a Monthly Deduction. Each Monthly Deduction includes:

1. The cost of insurance provided by this policy; and
2. The charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge, if any.

POLICY VALUES PROVISIONS (Cont'd)

Monthly Deductions will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the Index Accounts, as follows:
 - a. We will allocate the Monthly Deductions proportionally based on the total Accumulation Value of all Index Accounts attributable to each rider; then
 - b. For each rider, We will reduce the Accumulation Value of the most recently established Index Account until it is reduced to zero; then reduce the next most recently established Index Account until it is reduced to zero, successively.

How We Calculate the Cost of Insurance for this Policy. We calculate the cost of insurance at the beginning of each policy month. The cost of insurance is determined on the Monthly Deduction Day by multiplying the Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

To determine the Net Amount at Risk, We:

1. Divide the Death Benefit Amount for the Initial Specified Amount or any subsequent increase in Specified Amount under this policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the Accumulation Value allocated to the Initial Specified Amount or any increase in Specified Amount:
 - a. Before the cost of insurance deduction is taken; and

- b. After any applicable charges for benefits provided by riders, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted; where
- c. The Accumulation Value for the Initial Specified Amount or any subsequent increase in Specified Amount is determined by the ratio of the Initial Specified Amount or the subsequent increase in Specified Amount to the total Specified Amount (Initial plus increase).

The total cost of insurance for this policy will be the sum of the cost of insurance for the Initial Specified Amount and any subsequent increases in Specified Amount.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy.

Monthly Administration Fee. An administration fee will be deducted monthly. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial Specified Amount and any increase in Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in Specified Amount will be provided in an endorsement to this policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

POLICY VALUES PROVISIONS (Cont'd)

Cost of Insurance Rate. The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium Class shown on the Policy Schedule associated with the Initial Specified Amount and Premium Class associated with each increase in Specified Amount, if any, shown in subsequent endorsements.

We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year; and
2. The plan of insurance; and
3. The amount of insurance; and
4. The age, gender and Premium Class of the Insured if issued on a Sex Distinct basis or the age and Premium Class if issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, investment earnings, reinsurance costs, option prices, and any state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

Interest Rates. The Minimum Guaranteed Interest Rates used in calculating Accumulation Values for the Declared Interest Account and Interim Account are shown on the Policy Schedule. The Minimum Guaranteed Interest Rates used in calculating the Accumulation Value for each Fixed Index Interest Account is shown on either the Policy Schedule or on the Rider Schedule.

For the Declared Interest Account and Interim Account: We can use interest rates greater than the Minimum Guaranteed Interest Rates to calculate the Accumulation Values. Interest will be credited monthly.

For each Fixed Index Interest Account: Guaranteed interest, if any, is calculated using the Index Account's Minimum Guaranteed Interest Rate and is credited monthly to each Index Account. Interest, if any, in addition to guaranteed interest will be credited at the end of each Account Period as Index Interest.

We will apply a different rate of interest to that portion of the Accumulation Value which equals the amount of a loan. The rate applied to amounts offset by loans will be credited monthly at an annual effective rate of 3.0%. The amounts equal to loans will not be eligible for Index Interest.

Grace Period. The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual loan interest due date if:

1. There is not enough Cash Surrender Value to pay the amount due; and
2. The requirements of the Monthly Guarantee Premium provision or of any monthly guarantee premium rider have not been met.

There is no Grace Period for any Monthly Deduction Day that occurs before the Initial Premium is paid.

POLICY VALUES PROVISIONS (Cont'd)

Any payments sent by U.S. mail must be postmarked within the Grace Period in order to keep Your policy in force. If the amount of premium required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days written notice prior to termination that Your policy is in the Grace Period. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee(s) of record, if any. We will determine the amount of premium required to keep Your policy in force and advise You of that amount. The premium required will be the sum of the amount necessary to keep Your policy in force for three additional months after the Grace Period, plus the lesser of:

1. The amount equal to the Monthly Deductions for the Grace Period; or
2. The amount that satisfies the premium requirements of the Monthly Guarantee Premium provision or of any monthly guarantee premium rider.

If death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

Monthly Guarantee Premium (MGP). The MGP for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The Guarantee Period is also shown on the Policy Schedule. This policy will not terminate on a Monthly Deduction Day within the Guarantee Period if, on such day:

1. The sum of the premiums paid less partial surrenders and outstanding loans, if any, equals or exceeds;
2. The sum of the MGP premiums from the Date of Issue, including the current month.

If on a Monthly Deduction Day, this policy does not meet the Monthly Guarantee Premium requirements, the guarantee under this provision will not be in effect.

During the Guarantee Period the Monthly Guarantee Premium will be recalculated if:

1. The Specified Amount is increased or decreased;
2. A benefit rider is increased, decreased, added or removed;
3. A change in Premium Class occurs; or
4. A change in Death Benefit Option occurs.

These changes will not affect the Guarantee Period then in effect.

If a policy is reinstated during the Guarantee Period with no change to the Specified Amount, the Death Benefit Option, Premium Class, or benefit riders, if any, the Monthly Guarantee Premium for that Guarantee Period upon reinstatement will be the same as it was when the policy lapsed. Reinstatement will not change the Guarantee Period that was in effect when the policy lapsed. The Guarantee Period will continue as though the policy had not lapsed.

The policy value at the end of the Guarantee Period may be insufficient to keep the policy in force unless an additional payment is made at that time.

POLICY VALUES PROVISIONS (Cont'd)

Full Surrender. You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date. The Cash Surrender Value will be calculated as of the day We receive Your request. If full surrender takes place within 31 days after a policy anniversary, the Cash Value will not be less than on that anniversary. However, calculation of the Cash Surrender Value will take into account any partial surrender, loan and/or Monthly Deduction taken within those 31 days.

Partial Surrender. At anytime after the first policy year and prior to the Maturity Date, You may request a partial surrender. The amount available for a partial surrender is any amount up to the Cash Surrender Value at the time of Your request. To be processed on an Allocation Day, the partial surrender request must be received In Writing prior to the Maturity Date at least ten days prior to that Allocation Day.

Partial surrenders will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the Index Accounts, as follows:
 - a. We will allocate the partial surrenders proportionally based on the Accumulation Value to all Index Accounts attributable to each rider; then
 - b. For each rider, We will reduce the Accumulation Value of the most recently established Index Account until it is reduced to zero; then reduce the next most recently established Index Account until it is reduced to zero, successively.

Partial surrenders from an Index Account are limited to 100% of the ending value in an Index Account that ends on the date the partial surrender is made. If the partial surrender is not made on such date then the maximum amount is limited to the Maximum Partial Surrender percentage of the beginning value in each Index Account. The Maximum Partial Surrender Percentages are shown on the Policy Schedule.

A partial surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash Values and Accumulation Values will be reduced by the amount of partial surrender. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1, the Specified Amount will be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision. The Specified Amount remaining after this reduction must not be less than the Minimum Specified Amount (after a Decrease in Specified Amount) shown on the Policy Schedule. If Your Death Benefit Option is Option 2, the Specified Amount will not be reduced by the amount of the partial surrender. A requested partial surrender will not be allowed if it would cause a reduction in the Death Benefit Amount such that the policy would fail to qualify as life insurance under applicable tax laws.

Any partial surrender that causes a reduction in Specified Amount will be subject to any applicable pro-rata surrender charges and the remaining surrender charge will be reduced proportionally. In addition, there will be a separate charge not to exceed \$50.00 for each partial surrender.

Payment of Cash Value Benefit. We can delay payment of Cash Surrender Values for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

POLICY VALUES PROVISIONS (Cont'd)

Continuation of Insurance Coverage if Amount or Frequency of Premium Payments is Reduced or if Premium Payments Are Discontinued. This policy will remain in force as long as the requirements of the Monthly Guarantee Premium provision are met or the Cash Surrender Value is greater than zero. If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not surrender this policy, We will continue making Monthly Deductions (as long as there is sufficient Cash Surrender Value

to make such deductions) until the Maturity Date. This policy will remain in force until the earliest of the following dates:

1. The Maturity Date (if there is sufficient value to make Monthly Deductions to that date); or
2. Full surrender of the policy; or
3. The end of the Grace Period; or
4. Death of the Insured.

POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The loan value will be the Cash Value less:

1. Any prior outstanding loan; less
2. Interest on the amount to be borrowed to the next policy anniversary; less
3. Interest on any prior outstanding loan to the next policy anniversary.

The outstanding loan amount equals:

1. The loan amount as of the beginning of the policy year; plus
2. New loans; plus
3. Accrued but unpaid loan interest; minus
4. Loan repayments.

When a loan is made, the amount of the loan will be deducted on a pro-rata basis from each Index Account, the Declared Interest Account and the Interim Account.

Except as provided in the "Grace Period" provision, this policy will lapse at any time Your outstanding loans exceed the Cash Value.

However, at least 31 days prior notice must be mailed by Us to Your last known address and to the assignee of record, if any.

Loan Interest. Except for Preferred Loans, the Annual Loan Interest Rate is 3.85%, payable in advance. (This is equivalent to an annual effective rate of 4.0%, paid at the end of the policy year.) On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan. (See "Preferred Loans".)

How You May Repay a Policy Loan. You may repay all or part of an outstanding loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least \$10.00; and
3. You must specify the payment is to repay all or part of the outstanding loan.

Loan repayments will be allocated in accordance with the premium allocation percentages in effect.

POLICY LOANS (Cont'd)

We Can Delay Payment. We can delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

Obtaining a Loan. You may obtain a loan by Written request and assignment of this policy as sole security for the loan.

Preferred Loans. A "Preferred Loan" is a loan that is made at a net cost to the Owner that is less than the net cost of other loans. By "net cost" We mean the amount of interest charged for the loan less interest credited to the amount of the Accumulation Value equal to a loan. Starting on the tenth policy anniversary, this policy will be eligible for "Preferred Loans" subject to the following guidelines:

1. The maximum amount eligible for Preferred Loans during a policy year is restricted to:
 - a. The Cash Surrender Value at the beginning of the policy year; less
 - b. The sum of premiums paid in excess of partial surrenders since the Date of Issue.
2. When a Preferred Loan is made, loan interest to the next policy anniversary is due in advance at an annual effective rate of not less than 2.91% nor more than 3.15%. (This is equivalent to an effective rate of not less than 3.0% nor more than 3.25% respectively, paid at the end of the policy year.)

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries We determine are entitled to payment; or
2. If there is no Beneficiary upon the death of the Insured (and there is no provision to the contrary), proceeds will be paid in one sum to the Owner, if living; otherwise proceeds will be paid to the Owner's estate.

Common Disaster. If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless We receive Your Written request prior to the death of the Insured that provides otherwise.

Proceeds. Proceeds mean the amount payable on:

1. The Maturity Date; or
2. Exercise of the full surrender benefit; or
3. The Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value provided coverage is not continued beyond the Maturity Date. (See "Option to Extend Coverage".) The proceeds payable on the Insured's death will be the Death Benefit Amount, after refunding any premium received on or after the date of death, less any outstanding loans and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy. Full payment of policy proceeds to the person(s) designated to receive such proceeds discharges Us from all claims.

CHANGE OF OWNERSHIP 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. To do so, send a Written request to Our Home Office. The change will go into effect when We have received the change. However,

after the change is received, it will be deemed effective as of the date You signed the Written request for change, unless You specify otherwise. The change will be subject to any payment made or action taken by Us before We receive the request.

PAYMENT OPTIONS

Proceeds are payable in one sum. Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent. The amount applied to purchase a Payment Option will not be less than would be provided by immediate annuity purchase rates offered by the Company at the time the Payment Option payments are to begin.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

Election of Options. The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after We receive Written notification of the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option, subject to the limitations stated in the "Availability of Options" provision.

Option 1. Payments for a Specified Period: Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

Option 2. Payments of a Specified Amount: Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Monthly Payments for Life with Period Certain: Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15, or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. If issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with interest at the rate of 2% per year. If issued on a Gender Neutral basis, tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or

PAYMENT OPTIONS (Cont'd)

2. Monthly payments equal to a monthly annuity based on Our single premium immediate annuity rates then in use.

Option 4. Proceeds Left at Interest:

Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1,000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

Interest Rates. The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. We determine the higher rate.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000 payment will be made in one lump sum.

Evidence that Payee is Alive. Before making any payment under a Payment 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.

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 and 2.

If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 and 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more; and

PAYMENT OPTIONS (Cont'd)

2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

Withdrawals May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in payment is available only if the Payment Contract provides for a change in payment.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a payee or a Beneficiary's creditors.

GENERAL PROVISIONS

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 unless it is received In Writing at Our Home Office. The assignment, unless You specify otherwise, will take effect on the date that You signed the notice of assignment, subject to any payments made or actions taken by Us before We receive such assignment. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

Incontestability. We rely on the statements made in the application for this policy and any amendments of application, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this policy unless it is in such applications.

Except as stated below, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions:

1. We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.

2. 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.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, 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 Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any outstanding loans and less any partial cash surrenders paid.

If there are any increases in Specified Amount a new 2-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase. (See "Changing Your Insurance Policy".)

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

GENERAL PROVISIONS (Cont'd)

Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If the: (1) age or gender of the Insured (if this policy was issued on a Sex Distinct basis); or (2) age of the Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the Death Benefit Amount on the date of death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

Statutory Basis of Policy Values. The Cash Values and paid-up nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by the law of the state where this policy is delivered.

The calculation of minimum Cash Values, nonforfeiture benefits and Guaranteed Monthly Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and age nearest birthday.

A detailed statement of the method of computing values has been filed with the state insurance department where required.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

Annual Report. We will send You at least once a year, without charge, an annual report which shows the following:

1. The beginning and the end dates of the reporting period; and
2. Premiums paid; and
3. Expense charges and any charges for partial surrenders deducted; and

4. Interest, if any, added to the Declared, Interim and Fixed Index Accounts credited to Your Accumulation Value; and
5. The cost of insurance deducted; and
6. Partial surrender benefits paid to You; and
7. The amount of any outstanding loans; and
8. Charges for riders, if any, deducted; and
9. The Cash Surrender Values and Accumulation Values at the beginning and at the end of the reporting period; and
10. The Death Benefit Amount.

Illustration or Quote Request. At any time while this policy is in force, the Owner may request from Us an illustration or quote of policy values. We will provide an illustration only if permitted. A reasonable fee, not to exceed \$50.00, may be charged for additional illustrations or quotes requested in the same policy year.

When This Policy Terminates. This policy will terminate if:

1. You request that this policy be terminated; or
2. The Insured dies; or
3. The policy matures; or
4. The Grace Period ends; and
 - a. There is insufficient Cash Surrender Value to cover a Monthly Deduction; and
 - b. The necessary Monthly Guarantee Premiums to keep this policy in force have not been paid.

GENERAL PROVISIONS (Cont'd)

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within three years after the end of the Grace Period and before the Maturity Date; and
2. Evidence of insurability satisfactory to Us; and
3. Payment of enough premium to keep the policy in force for three months or, if less, an amount equal to all past due Monthly Guarantee Premiums; and
4. Payment or reinstatement of any outstanding loans.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

The original "Table of Surrender Charges per \$1,000 of Specified Amount" will apply to a reinstated policy. The Accumulation Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the Accumulation Value at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The Monthly Deduction for one month.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

Index Accounts After Reinstatement. Unless the effective date of reinstatement is an Allocation Day, an Index Account will not be established until the first Allocation Day following reinstatement.

Option to Extend Coverage. You may elect to extend the Maturity Date stated on the Schedule Page (Maturity Date), as follows:

If the Insured is living on the Maturity Date, coverage will be continued until the date of death of the Insured.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

Starting on the original Maturity Date:

1. The Death Benefit Amount for the policy will be equal to the policy's Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all, or in part, on the Accumulation Value, will be adjusted by future changes in the Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;
2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. A new premium payment will not be accepted unless it is required to keep this policy in force under the Grace Period provision;
5. Partial surrenders will be allowed;
6. New loans will be permitted;

GENERAL PROVISIONS (Cont'd)

7. Interest on loans will continue to accrue in the same manner as stated in the "Policy Loans" provisions and You may repay all or part of an outstanding loan at any time as stated in the "Policy Loans" provisions; and
8. The Accumulation Value will continue to be determined as stated in this policy, subject to item 3 above.

After this option is selected, it may not be revoked.

Policy Changes and Extending Coverage.

We will not permit a change to Your policy that would result in the policy's not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The Option to Extend Coverage, described above, allows the policy to continue beyond age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Discontinuing an Index. Our decision to discontinue any Index Account will apply to this policy only on an Allocation Day and will not affect Index Interest payable for any existing Index Account. We will notify You of any change.

Rights Reserved By Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

Interest Payable on Death Benefit Proceeds.

Interest is paid on the Death Benefit Proceeds as follows:

1. Interest will accrue and be payable from the date of death.
2. Interest will accrue at the rate or rates applicable to the policy for funds left on deposit. In determining the effective annual rate or rates, We will use the rate in effect on the date of death.
3. Interest will accrue at the effective annual rate determined in item 2 above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items a, b and c below to the date the claim is paid, where it is:
 - a. The date that due proof of death is received by the Company;
 - b. The date the Company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
 - c. The date that legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment include, but are not limited to: (1) the establishment of guardianships and conservatorships; (2) the appointment and qualification of trustees, executors and administrators; and (3) the submission of information required to satisfy any state and federal reporting requirements.

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	[MALE]	[FEMALE]	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	[MALE]	[FEMALE]
20	\$0.07920	\$0.03750	70	\$2.03499	\$1.41458
21	0.07920	0.03834	71	2.23719	1.55051
22	0.07920	0.04001	72	2.50360	1.70286
23	0.08004	0.04001	73	2.78562	1.86832
24	0.08087	0.04167	74	3.08341	2.05040
25	0.08171	0.04167	75	3.41023	2.25263
26	0.08504	0.04417	76	3.76819	2.47520
27	0.08921	0.04751	77	4.18586	2.72084
28	0.08754	0.04834	78	4.67661	2.99326
29	0.08588	0.05168	79	5.24716	3.28838
30	0.08504	0.05335	80	5.87410	3.61957
31	0.08421	0.05668	81	6.59415	4.07157
32	0.08421	0.06002	82	7.35120	4.58457
33	0.08671	0.06335	83	8.17591	5.09923
34	0.08838	0.06836	84	9.09943	5.67203
35	0.09088	0.07420	85	10.14421	6.32232
36	0.09589	0.07920	86	11.31891	6.91704
37	0.10006	0.08588	87	12.62238	7.82099
38	0.10757	0.08921	88	14.04387	8.77667
39	0.11425	0.09422	89	15.57220	9.80858
40	0.12176	0.10006	90	17.19963	10.77196
41	0.13177	0.10590	91	18.76183	11.26394
42	0.14430	0.11258	92	20.42406	12.24075
43	0.15849	0.12092	93	22.21645	13.71292
44	0.17519	0.13094	94	24.15513	15.61194
45	0.19441	0.14263	95	26.24420	18.02150
46	0.21279	0.15599	96	28.20560	20.38072
47	0.23285	0.17269	97	30.35199	22.88571
48	0.24455	0.19107	98	32.70866	23.32307
49	0.25793	0.21112	99	35.30337	24.80448
50	0.27716	0.23452	100	38.17511	27.21527
51	0.29974	0.26044	101	40.53000	29.86914
52	0.33070	0.28971	102	43.11768	32.93819
53	0.36419	0.32150	103	45.96629	36.42323
54	0.40690	0.35498	104	49.11195	40.44484
55	0.45970	0.39099	105	52.54884	45.03306
56	0.51337	0.43288	106	56.37067	50.02474
57	0.57128	0.47647	107	60.64049	55.47971
58	0.62083	0.52344	108	65.43820	61.36385
59	0.67797	0.57044	109	70.86239	67.97906
60	0.74694	0.61915	110	77.04001	75.34512
61	0.83113	0.67209	111	77.63548	76.08958
62	0.93397	0.73011	112	78.23803	76.84528
63	1.04962	0.78987	113	78.84780	77.61249
64	1.17137	0.85472	114	79.46491	78.39150
65	1.30008	0.92638	115	80.08952	79.18259
66	1.43071	1.00571	116	80.72176	79.98606
67	1.56326	1.09272	117	81.36180	80.80223
68	1.70627	1.18998	118	82.00977	81.63142
69	1.85466	1.29669	119	82.66585	82.47396
			120	83.33000	83.33000]

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON [GUIDELINE PREMIUM]**

ATTAINED AGE	[RATE]	ATTAINED AGE	[RATE]
[0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00]

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age [Male]	Policy Years																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
20	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	7.00	7.00	6.00	5.00	5.00	4.00	3.00	2.00	1.00	0.00
21	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	7.00	7.00	7.00	6.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
22	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
23	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
24	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
25	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
26	14.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
27	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
28	15.00	15.00	15.00	14.00	14.00	13.00	12.00	12.00	10.00	9.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
29	15.00	15.00	15.00	15.00	14.00	13.00	13.00	12.00	10.00	9.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
30	15.00	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	9.00	9.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
31	16.00	16.00	15.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	9.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
32	16.00	16.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
33	16.00	16.00	16.00	16.00	15.00	14.00	14.00	13.00	11.00	10.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
34	17.00	17.00	16.00	16.00	15.00	15.00	14.00	13.00	11.00	10.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
35	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	11.00	10.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
36	17.00	17.00	17.00	17.00	16.00	15.00	14.00	14.00	12.00	11.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
37	18.00	18.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	11.00	10.00	9.00	8.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
38	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	8.00	7.00	5.00	4.00	3.00	2.00	1.00	0.00
39	19.00	19.00	18.00	18.00	17.00	16.00	16.00	15.00	14.00	13.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	2.00	1.00	0.00
40	19.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	8.00	6.00	5.00	3.00	2.00	1.00	0.00
41	20.00	20.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	2.00	1.00	0.00
42	20.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	12.00	11.00	10.00	8.00	7.00	5.00	3.00	2.00	1.00	0.00
43	21.00	21.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	10.00	9.00	7.00	5.00	4.00	2.00	1.00	0.00
44	21.00	21.00	21.00	21.00	20.00	19.00	18.00	17.00	15.00	14.00	13.00	12.00	11.00	9.00	8.00	6.00	4.00	2.00	1.00	0.00
45	22.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	13.00	12.00	11.00	9.00	8.00	6.00	4.00	2.00	1.00	0.00
46	23.00	22.00	22.00	22.00	21.00	20.00	19.00	18.00	16.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	4.00	2.00	1.00	0.00
47	23.00	23.00	23.00	22.00	22.00	20.00	19.00	18.00	17.00	16.00	14.00	13.00	11.00	10.00	8.00	7.00	4.00	2.00	1.00	0.00
48	24.00	24.00	23.00	23.00	22.00	21.00	20.00	19.00	17.00	16.00	15.00	13.00	12.00	10.00	9.00	7.00	5.00	2.00	1.00	0.00
49	25.00	25.00	24.00	24.00	23.00	22.00	20.00	19.00	18.00	17.00	15.00	14.00	12.00	11.00	9.00	7.00	5.00	2.00	1.00	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Policy Years

Issue Age [Male]	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
50	26.00	25.00	25.00	25.00	24.00	22.00	21.00	20.00	19.00	17.00	16.00	14.00	13.00	11.00	9.00	8.00	5.00	3.00	1.00	0.00
51	27.00	26.00	26.00	25.00	24.00	23.00	22.00	21.00	19.00	18.00	16.00	15.00	13.00	11.00	10.00	8.00	5.00	3.00	1.00	0.00
52	28.00	27.00	27.00	26.00	25.00	24.00	23.00	21.00	20.00	18.00	17.00	15.00	14.00	12.00	10.00	8.00	5.00	3.00	1.00	0.00
53	29.00	28.00	28.00	27.00	26.00	25.00	23.00	22.00	21.00	19.00	17.00	16.00	14.00	12.00	10.00	9.00	6.00	3.00	1.00	0.00
54	30.00	29.00	29.00	28.00	27.00	26.00	24.00	23.00	21.00	20.00	18.00	16.00	15.00	13.00	11.00	9.00	6.00	3.00	1.00	0.00
55	31.00	30.00	30.00	29.00	28.00	27.00	25.00	24.00	22.00	20.00	19.00	17.00	15.00	13.00	11.00	9.00	6.00	3.00	1.00	0.00
56	32.00	31.00	31.00	30.00	29.00	28.00	26.00	25.00	23.00	21.00	20.00	18.00	16.00	14.00	12.00	9.00	6.00	3.00	1.00	0.00
57	33.00	33.00	32.00	31.00	30.00	29.00	27.00	26.00	24.00	22.00	20.00	18.00	17.00	15.00	12.00	9.00	6.00	3.00	1.00	0.00
58	35.00	34.00	33.00	32.00	31.00	30.00	28.00	27.00	25.00	23.00	21.00	19.00	17.00	15.00	13.00	9.00	6.00	3.00	1.00	0.00
59	36.00	36.00	35.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	22.00	20.00	18.00	15.00	13.00	9.00	6.00	3.00	1.00	0.00
60	38.00	37.00	36.00	35.00	33.00	32.00	30.00	28.00	26.00	25.00	23.00	21.00	18.00	15.00	13.00	9.00	6.00	3.00	1.00	0.00
61	39.00	38.00	36.00	35.00	33.00	31.00	30.00	28.00	26.00	24.00	22.00	20.00	18.00	15.00	12.00	9.00	6.00	3.00	1.00	0.00
62	39.00	37.00	36.00	34.00	33.00	31.00	29.00	27.00	26.00	24.00	22.00	20.00	18.00	15.00	12.00	9.00	6.00	3.00	1.00	0.00
63	38.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	24.00	22.00	20.00	18.00	15.00	12.00	9.00	6.00	3.00	1.00	0.00
64	38.00	36.00	35.00	33.00	32.00	30.00	28.00	27.00	25.00	23.00	22.00	20.00	18.00	15.00	12.00	9.00	6.00	3.00	1.00	0.00
65	37.00	36.00	34.00	33.00	31.00	30.00	28.00	26.00	25.00	23.00	21.00	19.00	18.00	15.00	11.00	9.00	6.00	3.00	1.00	0.00
66	37.00	35.00	34.00	32.00	31.00	29.00	27.00	26.00	24.00	23.00	21.00	19.00	17.00	14.00	11.00	9.00	5.00	3.00	1.00	0.00
67	36.00	35.00	33.00	32.00	30.00	28.00	27.00	25.00	24.00	22.00	21.00	19.00	17.00	14.00	11.00	8.00	5.00	2.00	1.00	0.00
68	36.00	34.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	20.00	18.00	16.00	13.00	10.00	8.00	4.00	2.00	1.00	0.00
69	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	23.00	21.00	20.00	18.00	15.00	12.00	10.00	7.00	4.00	1.00	1.00	0.00
70	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	21.00	19.00	17.00	14.00	11.00	10.00	7.00	3.00	1.00	1.00	0.00
71	34.00	32.00	31.00	29.00	28.00	26.00	25.00	24.00	22.00	20.00	18.00	15.00	13.00	11.00	9.00	6.00	3.00	1.00	1.00	0.00
72	33.00	32.00	30.00	27.00	26.00	26.00	24.00	23.00	21.00	19.00	17.00	14.00	12.00	10.00	8.00	6.00	2.00	1.00	1.00	0.00
73	33.00	31.00	30.00	26.00	25.00	24.00	23.00	21.00	19.00	17.00	15.00	13.00	11.00	9.00	8.00	5.00	2.00	1.00	1.00	0.00
74	32.00	31.00	29.00	25.00	24.00	23.00	22.00	20.00	18.00	16.00	14.00	12.00	10.00	8.00	7.00	5.00	1.00	1.00	1.00	0.00
75	32.00	30.00	29.00	24.00	23.00	22.00	21.00	19.00	17.00	15.00	13.00	11.00	9.00	7.00	6.00	4.00	1.00	1.00	1.00	0.00
76	31.00	29.00	28.00	24.00	22.00	21.00	20.00	18.00	16.00	14.00	12.00	10.00	8.00	6.00	5.00	3.00	1.00	1.00	1.00	0.00
77	30.00	28.00	27.00	24.00	22.00	21.00	19.00	17.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	1.00	1.00	0.00
78	29.00	27.00	26.00	24.00	22.00	20.00	19.00	17.00	15.00	12.00	10.00	8.00	6.00	4.00	3.00	2.00	1.00	1.00	1.00	0.00
79	28.00	26.00	25.00	24.00	22.00	20.00	18.00	16.00	14.00	12.00	9.00	7.00	5.00	3.00	1.00	1.00	1.00	1.00	1.00	0.00
80	27.00	25.00	24.00	23.00	21.00	20.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	2.00	1.00	1.00	1.00	1.00	1.00	0.00]

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Female	10 Years	15 Years	20 Years	Female	10 Years	15 Years	20 Years

10	\$2.11	\$2.11	\$2.11	50	\$3.12	\$3.11	\$3.09
11	2.13	2.13	2.12	51	3.18	3.16	3.14
12	2.14	2.14	2.14	52	3.23	3.22	3.19
13	2.15	2.15	2.15	53	3.29	3.27	3.24
14	2.16	2.16	2.16	54	3.35	3.33	3.30
15	2.18	2.18	2.17	55	3.41	3.39	3.36
16	2.19	2.19	2.19	56	3.48	3.46	3.41
17	2.20	2.20	2.20	57	3.55	3.52	3.48
18	2.22	2.22	2.22	58	3.63	3.59	3.54
19	2.23	2.23	2.23	59	3.70	3.67	3.60
20	2.25	2.25	2.25	60	3.79	3.74	3.67
21	2.27	2.26	2.26	61	3.87	3.82	3.74
22	2.28	2.28	2.28	62	3.97	3.91	3.81
23	2.30	2.30	2.30	63	4.06	4.00	3.88
24	2.32	2.32	2.31	64	4.17	4.09	3.96
25	2.33	2.33	2.33	65	4.28	4.18	4.03
26	2.35	2.35	2.35	66	4.39	4.28	4.11
27	2.37	2.37	2.37	67	4.51	4.39	4.18
28	2.39	2.39	2.39	68	4.64	4.49	4.26
29	2.41	2.41	2.41	69	4.77	4.60	4.33
30	2.44	2.43	2.43	70	4.92	4.71	4.41
31	2.46	2.46	2.46	71	5.07	4.83	4.48
32	2.48	2.48	2.48	72	5.22	4.94	4.54
33	2.51	2.50	2.50	73	5.39	5.06	4.61
34	2.53	2.53	2.53	74	5.56	5.18	4.67
35	2.56	2.56	2.55	75	5.74	5.29	4.72
36	2.59	2.58	2.58	76	5.92	5.40	4.77
37	2.61	2.61	2.61	77	6.11	5.51	4.81
38	2.64	2.64	2.64	78	6.31	5.62	4.85
39	2.68	2.67	2.67	79	6.51	5.72	4.89
40	2.71	2.70	2.70	80	6.71	5.81	4.92
41	2.74	2.74	2.73	81	6.91	5.89	4.94
42	2.78	2.77	2.77	82	7.11	5.97	4.96
43	2.81	2.81	2.80	83	7.31	6.04	4.98
44	2.85	2.85	2.84	84	7.50	6.10	5.00
45	2.89	2.89	2.88	85	7.68	6.16	5.01
46	2.93	2.93	2.92	86	7.85	6.21	5.02
47	2.98	2.97	2.96	87	8.01	6.25	5.03
48	3.02	3.02	3.00	88	8.16	6.28	5.03
49	3.07	3.06	3.05	89	8.30	6.31	5.04
				90	8.42	6.34	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Male	10 Years	15 Years	20 Years	Male	10 Years	15 Years	20 Years

10	\$2.17	\$2.17	\$2.16	50	\$3.31	\$3.29	\$3.25
11	2.18	2.18	2.18	51	3.37	3.35	3.31
12	2.19	2.19	2.19	52	3.43	3.41	3.36
13	2.21	2.21	2.20	53	3.50	3.47	3.42
14	2.22	2.22	2.22	54	3.57	3.53	3.47
15	2.24	2.23	2.23	55	3.64	3.60	3.53
16	2.25	2.25	2.25	56	3.72	3.67	3.60
17	2.27	2.26	2.26	57	3.80	3.74	3.66
18	2.28	2.28	2.28	58	3.88	3.82	3.72
19	2.30	2.30	2.29	59	3.97	3.90	3.79
20	2.32	2.31	2.31	60	4.06	3.98	3.86
21	2.33	2.33	2.33	61	4.16	4.07	3.92
22	2.35	2.35	2.35	62	4.26	4.16	3.99
23	2.37	2.37	2.37	63	4.37	4.25	4.06
24	2.39	2.39	2.39	64	4.49	4.34	4.13
25	2.41	2.41	2.41	65	4.61	4.44	4.20
26	2.43	2.43	2.43	66	4.73	4.54	4.27
27	2.45	2.45	2.45	67	4.86	4.64	4.34
28	2.48	2.47	2.47	68	5.00	4.75	4.40
29	2.50	2.50	2.49	69	5.14	4.85	4.47
30	2.52	2.52	2.52	70	5.29	4.95	4.53
31	2.55	2.55	2.54	71	5.44	5.06	4.59
32	2.58	2.57	2.57	72	5.60	5.16	4.64
33	2.60	2.60	2.60	73	5.76	5.27	4.69
34	2.63	2.63	2.62	74	5.92	5.37	4.74
35	2.66	2.66	2.65	75	6.09	5.47	4.78
36	2.69	2.69	2.68	76	6.27	5.56	4.82
37	2.73	2.72	2.72	77	6.44	5.66	4.86
38	2.76	2.76	2.75	78	6.62	5.74	4.89
39	2.80	2.79	2.78	79	6.80	5.82	4.92
40	2.84	2.83	2.82	80	6.98	5.90	4.94
41	2.87	2.87	2.86	81	7.16	5.97	4.96
42	2.92	2.91	2.89	82	7.34	6.04	4.98
43	2.96	2.95	2.93	83	7.51	6.10	5.00
44	3.00	2.99	2.97	84	7.67	6.15	5.01
45	3.05	3.04	3.02	85	7.83	6.20	5.02
46	3.10	3.08	3.06	86	7.98	6.24	5.02
47	3.15	3.13	3.11	87	8.12	6.27	5.03
48	3.20	3.18	3.15	88	8.26	6.30	5.03
49	3.25	3.23	3.20	89	8.38	6.33	5.04
				90	8.50	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

This is an INDIVIDUAL FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. Index interest is not credited to the Death Benefit. NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251

AMERICAN GENERAL LIFE INSURANCE COMPANY

MONTHLY GUARANTEE PREMIUM RIDER

American General Life Insurance Company has issued this rider as a part of the policy to which it is attached.

Monthly Guarantee Premium Benefit. The policy will not terminate on a Monthly Deduction Day within the Rider Guarantee Period if, on such day:

1. The sum of: (a) premiums paid less partial surrenders, accumulated with interest; less (b) outstanding loan amounts, if any, equals or exceeds
2. The sum of the Rider Monthly Guarantee Premiums from the Date of Issue, including the current month, accumulated with interest.

Interest referred to above will accumulate at the annual effective Computational Rates shown on the Policy Schedule.

The Rider Guarantee Period begins on the Date of Issue of the policy to which this rider is attached and continues to the policy anniversary nearest the Insured's Attained Age shown on the Policy Schedule.

Rider Monthly Guarantee Premium (Rider MGP). The Rider MGP for the Initial Specified Amount and for any benefit riders in force on the Date of Issue is shown on the Policy Schedule. If, on a Monthly Deduction Day, the policy does not meet the Monthly Guarantee Premium Benefit requirements of this rider, the guarantee provided by this rider will not be in effect.

While this rider is in force, the Rider MGP will be recalculated if:

1. The Specified Amount is increased or decreased;
2. A benefit rider is increased, decreased, added or removed;
3. A change in Premium Class occurs; or
4. A change in the Death Benefit Option occurs.

We will notify You if the Rider MGP changes. However, these changes will not affect the Rider Guarantee Period, then in effect, if any.

The policy value at the end of the Rider Guarantee Period may be insufficient to keep the policy in force unless an additional payment is made at that time.

Rider Cost. The monthly cost for this rider will be calculated on each Monthly Deduction Day based on the policy's Net Amount at Risk. The guaranteed monthly cost for each \$1,000 of Net Amount at Risk is shown in the Table of Guaranteed Monthly Cost of Insurance Rates in the policy. This is the same table that is used to determine a separate cost of insurance charge for the policy. We can use cost of insurance rates that are lower than the guaranteed costs. The cost of insurance will be deducted from the Accumulation Value of the policy.

Rider Reinstatement. If the policy to which this rider is attached is reinstated, this rider will also be reinstated. In order to reinstate this rider, the Owner must pay an amount that meets the requirements stated in the Monthly Guarantee Premium Benefit provision of this rider.

The Rider MGP upon reinstatement will be the same as it was immediately prior to the policy's lapse. Reinstatement will not affect the Rider Guarantee Period then in effect, if any.

Rider Termination. This rider will terminate on the earlier of the following:

1. Termination of the policy to which this rider is attached; or
2. Expiry of the Rider Guarantee Period.

Consideration. The consideration for this rider is the application for the policy and this rider and deduction of the cost of insurance for this rider.

Policy Provisions Applicable. This rider is subject to the provisions of the policy to which it is attached, except as provided in this rider.

The effective date of this rider is the Date of Issue of the policy.

A handwritten signature in black ink that reads "Mary Jane Fortin". The signature is written in a cursive, flowing style.

President

SERFF Tracking #:

AMGN-128701467

State Tracking #:**Company Tracking #:**

12436

State:

Arkansas

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

AG Elite Transition Index

Project Name/Number:

AG Elite Transition Index/AG Conversion IUL

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Flesch Certification.pdf			
AR Certification of Compliance with AR Rule and Reg 19.pdf			
AR Cert_Comp.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Approved 04/19/11		
Attachment(s):			
AGLC100565-2011.pdf			
AGLC100566-2011.pdf			

		Item Status:	Status Date:
Satisfied - Item:	L4339 Notice		
Comments:			
Attachment(s):			
L 4339 Notice.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
12436 stmt of variability.pdf			

Item Status:**Status Date:**

SERFF Tracking #:

AMGN-128701467

State Tracking #:

Company Tracking #:

12436

State:

Arkansas

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

AG Elite Transition Index

Project Name/Number:

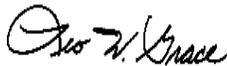
AG Elite Transition Index/AG Conversion IUL

Satisfied - Item:	External Indexed Certification		
Comments:			
Attachment(s):			
AR Indexed - Annuity Product Cert.pdf			

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS FLESCH CERTIFICATION

This is to certify that the attached Form No(s). **12436 and 12765** (has) achieved Flesch Reading Score of **53.71 and 51.97** and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI
Vice President

September 27, 2012
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 12436 - Fixed Index Flexible Premium Adjustable Life Insurance Policy
12765 - Monthly Guarantee Premium Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

September 27, 2012

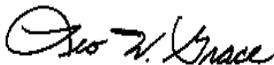
Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information (AGL Form L-4339)	Y	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	Y	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	Y	
Rule and Regulation 33	Variable Life Insurance		N/A
	Licensing and approval to do business		N/A
	Qualification of Insurer to Issue Variable Life Insurance		N/A
	Article IV. Insurance Policy Requirements		N/A
	Article V. Reserve Liabilities for Variable Life Insurance		N/A
	Article VI. Separate Accounts		N/A
	Article VII. Information Furnished to Applicants		N/A
	Article VIII. Applications		N/A
	Article IX. Reports to Policyholders		N/A
	Article X. Foreign Companies		N/A
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		N/A
	Article XII. Separability Article		N/A
	Article XIII. Supersession of Conflicting Regulations		N/A
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies		N/A
	Severability	Y	
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		N/A
	Current and Guaranteed Cost Of Insurance Rates	Y	
	Minimum/Maximum Interest Rate Range		
	Minimum Rate:	1%	
	Maximum Rate:	10%	

I hereby certify that form(s) **12436** is in compliance with those relevant Arkansas laws and regulations sited above.



Leo W. Grace
Director, Product Development

3. Owner

A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section)

First Name MI Last Name Sex M F
Social Security or Tax ID # Date of Birth
U.S. Citizen yes no If no, Country of Citizenship Date of Entry Visa Type Exp. Date
Address City, State ZIP
Home Phone Relationship to Primary Proposed Insured
Email

B. Complete if Owner is a trust (If trustee is a premium payor, also complete section 13 D)

Exact Name of Trust Trust Tax ID #
Address City, State ZIP
Email
Current Trustee(s) Date of Trust

4. Product Name (Complete appropriate supplemental application if applicable) Elite Universal Life

Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$
Death Benefit Compliance Test Used (If applicable): Guideline Premium Cash Value Accumulation
Automatic Premium Loan (If applicable): yes no Premium Class Quoted
Reason for Insurance family protection

5. Premium Allocation (For Index UL only) (Complete line A, line B or line C based on the selected product)

Indicate how each premium received is to be allocated. Total allocations must equal 100%. Use whole percentage only.
A. 1-Year Index Interest Account % 5-Year Index Interest Account % Declared Interest Account %
B. 1-Year Index Cap Account % Annual Participation Rate Account % Declared Interest Account %
C. 1-Year Index Cap Account % 5-Year Index Interest Account % Declared Interest Account %
Other:

6. Death Benefit Options (For UL & VUL only) Option 1 - Level Option 2 - Increasing Option 3 - Level Plus Return of Premium

7. Riders/Benefits

Child Rider Amount \$ (Complete Child Rider Attachment) or No current children
Waiver of Premium Waiver of Monthly Deduction Waiver of Monthly Guarantee Premium
Maturity Extension Rider - Accumulation Value Maturity Extension Rider - Death Benefit
Terminal Illness Rider
Accidental Death Benefit Amount \$ Other Insured/Spouse Rider Amount \$
Select Income Rider (Complete the following if SI Rider selected) Benefit Duration Monthly Benefit Amt \$
Disability Income Rider (Complete the following if DI Rider selected)
Number of Units (1 unit = \$100): Occupational Class (Please check): 1 2
Other Riders/Benefits #1 Amount/Unit(s)
Other Riders/Benefits #2 Amount/Unit(s)

8. Primary Beneficiary

Name Jane Doe Relationship wife Share 100 % DOB SSN
Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN

9. Contingent Beneficiary

Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN

10. Trust Information (if Beneficiary) Exact Name of Trust

Trust Tax ID # Current Trustee(s) Date of Trust

11. Rider Beneficiaries (Complete if other than Primary Proposed Insured)

Other Insured/Spouse Rider Relationship

12. Business Insurance Details *(Complete only if applying for business coverage)*

Does any Proposed Insured have an ownership interest in the business? yes no
 If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
 Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
 If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no
 If no, provide the reason why all partners are not covered _____
 Describe any special circumstances _____

13. Premium Payment Modal \$ 600 Single \$ _____ Additional Initial \$ _____

A. Frequency of modal premium: Annual Semi-annual Quarterly Monthly *(Bank Draft only)*
B. Method: Direct Billing Bank Draft *(Complete Bank Draft Authorization)* List Bill: Number _____
 Credit Card - Initial Premium Only *(Complete Credit Card Authorization) (Not available for VUL products)*
 Other *(Please explain)* _____

C. Amount submitted with application \$ 600

D. Premium Payor *(Complete if other than Owner or if Owner is Trustee)*
 First Name _____ MI _____ Last Name _____ Sex M F
 Social Security or Tax ID # _____ Date of Birth _____
 Relationship to Primary Proposed Insured _____
 U.S. Citizen yes no If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ Exp. Date _____
 Address _____ City, State _____ ZIP _____

14. Existing Coverage and Replacements

A. Does any Proposed Insured have any existing or pending annuities or life insurance policies?* yes no
B. If question 14A is answered "yes", please provide the following information:

Name of Proposed Insured	Type (see below)	Year of Issue	Face Amount	Insurance Company	Contract or Policy #	Is Coverage being Replaced?***	1035 Exchange
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

Type: i= individual, b= business, g= group, p= pending life insurance or annuity
 *If 14A is answered "yes", certain states require completion of replacement-related forms even when existing or pending life insurance or annuities are not being replaced by the life insurance policy being applied for.
 ***"Replace" means that the life insurance policy being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract. If the transaction is a replacement, also complete the replacement-related form for the state where the application is signed.

C. Disability Coverage *(Complete only if Disability Income Rider coverage requested)*

Does any Proposed Insured have any existing or pending Disability insurance policies? yes no
(If yes, complete the following regarding existing and pending disability insurance)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Background Information (Complete questions A through J. If yes answer applies to any Proposed Insured, provide details specified after each question)

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no
(If yes, list country(ies), city(ies), date, length of stay(s), and purpose or complete the Foreign Travel and Residence Questionnaire) _____
- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no
(If yes, complete the Aviation and/or Avocation Questionnaire)
- C.** Has any Proposed Insured:
- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no
(If yes, list company name, amount applied for, purpose of insurance, and if application will be placed) _____
- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no
(If yes, list date and reason) _____
- D.** Has any Proposed Insured ever filed for bankruptcy? yes no
(If yes, list chapter filed, date, reason, and discharge date) _____
- E.** In the past five years, has any Proposed Insured been charged with or convicted of any driving violations to include driving under the influence of alcohol or drugs? yes no
(If yes, list date, state, license #, and specific violation) _____
- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no
(If yes, list date, county, state, charge, and current status) _____
- G.** Is any Proposed Insured an active duty service member of the US Armed Forces, a member of the National Guard or an active reservist of the US Armed Forces, or a dependent of an active duty service member of the US Armed Forces? yes no
(If yes, provide Pay Grade, Rank and any known foreign assignments. Complete the applicable Military Disclosure)
- H.** Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of any Proposed Insured as a result of this application? yes no
- I.** Does the Owner or any Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement? yes no
- J.** Is the Owner, any Proposed Insured, or any person or entity, being paid (cash, services, etc) as an incentive to enter into this transaction? yes no
(If yes, describe the incentive) _____

Remarks

16. Details and Explanations

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the questions regarding any Proposed Insured's health and age in section 3 of the LTLIA; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Owner signed at (city, state) Anytown, USA On (date) 3/17/2011

Owner Signature X John Doe Title (If Corporate Officer or Trustee)

Primary Proposed Insured Signature (if other than Owner) X _____
(If under age 15, signature of parent or guardian)

Other Proposed Insured Signature (if other than Owner) X _____
(If under age 15, signature of parent or guardian)

Agent(s) Signature(s)

I certify that the information supplied has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature X John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A.** Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no
(If yes, certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for - please attach such forms)
- B.** If yes to question 1 A., do you have any information that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity in connection with the policy being applied for? yes no
(If yes, please provide details in the Remarks section below and attach replacement-related forms)
- C.** Number of years you have known Primary Proposed Insured: 10 years
 Other Proposed Insured: _____
- D.** Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance)* yes no
- E.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement? yes no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc)*

3. Commission, Agent/Agency Information *(Please list servicing agent first)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

4. Agent Agreement and Signature

I understand and agree that if I am made aware of any changes to any of the answers contained in any of the forms I will notify the company of the changes.

Writing Agent Name *(Please print)* John Smith Date 3/17/2011

Writing Agent Signature **X** John Smith

State License # _____ Phone # _____

Email _____ Fax # _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____

5. Personal Health History

A. Has the Proposed Insured **ever** been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? yes no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? yes no
- 3) cancer, tumors, masses, cysts or other such abnormalities? yes no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? yes no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? yes no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or protein in the urine? yes no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? yes no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including anxiety, depression or other psychiatric conditions? yes no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? yes no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

C. Has the Proposed Insured in the **past three years** had but NOT sought treatment for:

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? yes no
- 2) any pain or discomfort in the chest or shortness of breath? yes no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine? yes no

(If yes, list condition such as: date of first occurrence; symptoms; and how treated)

Details _____

D. Has the Proposed Insured **ever**:

- 1) sought or received medical advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? yes no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? yes no

(If yes answered to D1 or D2, please provide details below)

Type of drug(s)/alcohol product(s) _____ Date last used _____

Frequency of use: Daily Weekly Monthly Amount usually used: _____

Name(s) of doctor/facility _____ Phone () _____

Address _____ City, State _____ ZIP _____

Treatment Dates _____

Support group(s) _____ Last date attended _____

Was treatment or support group attendance court ordered? yes no

Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

E. Has the Proposed Insured **ever** been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? yes no
(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)
Details _____

F. Other than previously stated, in the **past 10 years**, has the Proposed Insured:
1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? yes no
(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)
Details _____

2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? yes no
(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; recommended tests, medications or treatment)
Details _____

3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? yes no
(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)
Details _____

G. Has the Proposed Insured had any emergency room or emergency clinic visits during the **past 5 years**? yes no
(If yes, provide name and address of hospital or emergency clinic, reason for visit(s), and resolution of condition)
Details _____

H. Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? yes no
(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)
Details _____

Agreement and Signatures

I, the Proposed Insured signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

Fraud

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.

SIGNATURE OF PROPOSED INSURED

Signed at (city, state) Anytown, USA On (date) 3/17/2011

John Doe
Proposed Insured (If under age 15, signature of parent or guardian)

SIGNATURE(S) OF INTERVIEWER(S) – TO BE SIGNED BY ALL INTERVIEWERS, AS APPLICABLE

I certify that the information supplied by the Proposed Insured has been truthfully and accurately recorded on the Part B application.

If Agent recorded information

John Agent 223344 3/17/2011
Writing Agent Name (Please print) Writing Agent # Date

John Agent
Writing Agent Signature Countersigned (Licensed resident agent if state required)

If Tele-interviewer recorded information

Name (Please print) Company Date

If Paramedical Examiner/Medical Doctor recorded information

Examiner Address _____ **Paramed: Use company stamp below.**

Examiner Phone # () _____

Examiner Name _____

Examiner Signature _____

_____ Date _____

Physical Measurements

1. Proposed Insured

- A. Name _____
- B. Build: Measured Height (*in shoes*) _____ ft _____ in Weight (*clothed*) _____ lbs (*Please weigh insured*)
 If unable to obtain accurate weight, please provide reason _____
- C. Blood Pressure (*three readings required*): If blood pressure exceeds 140/90, repeat reading at end of examination.*
 Select cuff size: Standard BP cuff Large BP cuff

	1st Reading	2nd Reading	3rd Reading	*Repeat Reading
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

- D. Did you weigh Proposed Insured? yes no
- E. Have any of the following been completed in conjunction with this exam?
 Blood Urine EKG Stress Test
- F. Is appearance unhealthy or older than stated age? yes no
- G. Do you have any pertinent information not disclosed previously? yes no
(Details of yes answers to questions F and G)

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain*) yes no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? _____ yes no
- b. Is heart enlarged? (*If yes, describe*) _____ yes no
- c. Is murmur present? (*If yes, complete 1d*) _____ yes no
- d. Before exercise, murmur is:
 Constant Transmitted to where? _____
 Inconstant Localized at: Apex Base Elsewhere
 Systolic (*Give details*) _____
 Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6
 After valsalva, murmur is:
 Unchanged Decreased Increased Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction)* yes no

Details _____

b) Endocrine system *(including thyroid)?* yes no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?* yes no

Details _____

d) Respiratory system? yes no

Details _____

e) Abdomen *(including scars)?* yes no

Details _____

f) Genito-urinary system? yes no

Details _____

g) Skin *(including scars), lymph nodes, blood vessels (including varicose veins)?* yes no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?* yes no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ am pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner Address _____

Examiner Phone # () _____

Examiner Name _____

Examiner Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion)

American General Life Insurance Company

The following addresses and telephone numbers are furnished for your information:

The name, address, and phone number of your agent is:

Name

Address

Phone Number

The name, address, and phone number of the company is:

American General Life Insurance Company
P.O. Box 1931
Houston, Texas 77251
(713) 522-1111

You may contact the State Insurance Department, Consumer Services Division, at 1200 West Third Street, Little Rock, Arkansas 72201-1904, or call them at (501) 371-2640 or toll free at (800) 852-5494.

The notice is for information only and does not become a part or condition of your policy or contract.

AMERICAN GENERAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
12436

Variability in the following items marked with an asterisk (*) is needed so the Company can adjust these rates and amounts based on future conditions, including the economic conditions such as bond interest rates and administrative, underwriting and marketing considerations.

SEX. The Insured's sex will appear when a policy is issued sex distinct. The Insured's sex will not appear when a policy is issued gender neutral. Variable text includes either "Male" or "Female".

SEX DISTINCT/GENDER NEUTRAL. Policies can be issued on either a sex distinct basis or a gender neutral basis. Variable text includes either "sex distinct" or "gender neutral."

DEATH BENEFIT OPTION. Policies can be issued with one of two Death Benefit Options. The two options are Option 1 (Level) and Option 2 (Increasing). Variable text includes "1" and "2."

MONTHLY DEDUCTION DAY. Variable text includes any day of the month from the 1st – 28th that corresponds with the Date of Issue.

***MINIMUM SPECIFIED AMOUNT (AFTER A DECREASE IN SPECIFIED AMOUNT).** The Minimum Specified Amount (After A Decrease In Specified Amount) will be the same for the policies issued on the same day. We reserve the right to change the minimum for new issues if necessary to never be less than \$10,000 nor more than \$500,000.

***MONTHLY GUARANTEE PREMIUM.** The Monthly Guarantee Premium is based upon the Insured's Specified Amount, age, sex, death benefit option and premium class. This is the premium that applies to the specimen policy.

***GUARANTEE PERIOD.** The Guarantee Period is bracketed since it specifically applies to the specimen policy. The duration is based upon the Insured's issue age. Once a policy is issued the duration will not change. We reserve the right to change the duration for new issues. We anticipate that the duration will range from 5 to 30 years.

***MONTHLY EXPENSE CHARGE.** The Monthly Expense Charge is based upon a table that varies depending on the each Insured's age, sex and premium class. This charge varies with each consumer.

***MONTHLY EXPENSE CHARGE DURATION.** The Monthly Expense Charge Durations are bracketed since they specifically apply to the specimen policy. Once a policy is issued the durations will not change. We reserve the right to change durations for new issues. The duration could range from 1 year to all years (policy Maturity Date).

MORTALITY TABLE. Policies can be issued as either sex distinct or gender neutral. Variable text includes "Male or Female," for policies issued on a sex distinct basis and "80% Male and 20% Female," for policies issued on a gender neutral basis.

DEATH BENEFIT COMPLIANCE TEST. Policies can be issued with one of two Death Benefit Compliance tests. The two tests are the Guideline Premium Test and the Cash Value Accumulation Test. Variable text includes "Guideline Premium" and "Cash Value Accumulation."

***PREMIUM EXPENSE CHARGE PERCENTAGES.** The Company will periodically declare the Premium Expense Charge Percentages. The current percentages will never be less than 0.0% or greater than 10.0%.

***MONTHLY ADMINISTRATION FEE.** The Company will periodically declare the Monthly Administration Fee. The current fee will never be less than \$0.00 or greater than \$12.00.

ALLOCATION DAY. Fixed Indexed Interest Accounts will be established on an Allocation Day. Once a policy is issued the Allocation Day will not change. However, we reserve the right to offer more frequent or less frequent Allocation Days for future policies issued.

***GUARANTEED INTEREST RATE.** The guaranteed interest rates will be declared at issue. From time to time the Company will periodically declare new guaranteed interest rates. The guaranteed interest rate will never be less than 2% or more than 4% for form 08210 or less than 1% or more than 4% for form 08211. Once a policy is issued the guaranteed interest rates stated on the Policy Schedule will not change.

***ELIGIBLE VALUE FACTOR.** The Eligible Value Factors are based upon the guaranteed interest rates. These factors will vary as the guaranteed interest rates vary.

***INITIAL PARTICIPATION RATE.** The Initial Participation Rate will be declared at issue. From time to time the Company will periodically declare new participation rates. Neither the initial participation rate nor a new participation rate will be less than the declared Minimum Participation Rate or greater than 100%.

***MINIMUM PARTICIPATION RATE.** The Minimum Participation Rate will be declared at issue. From time to time the Company will periodically declare a new minimum rate. The Minimum Participation Rate will never be less than 0% nor more than 15%. Once a policy is issued the Minimum Participation Rate will not change.

S&P 500® INDEX. This is an index of the stock of 500 publicly traded companies. The actual S&P 500 value on the Date of Issue will be shown on the Policy Schedule.

***MAXIMUM PARTIAL SURRENDER PERCENTAGE.** Partial surrenders on any day other than an Allocation Day are limited. During each Account period the sum of all partial surrenders from that Account cannot exceed a specific percentage of the value in such Account. The percentage shown on the Policy Schedule is guaranteed as to that policy and will not change. Any subsequent change in the Maximum Partial Surrender Percentage will only apply to future policies issued. The percentage will never be less than 0% nor more than 100%.

***INITIAL INDEX CAP.** The Initial Index Cap will be declared at issue. The Company will periodically declare the new index caps from time to time. Neither the Initial Index Cap nor a new index cap will be less than the declared Minimum Index Cap or greater than 50%.

***MINIMUM INDEX CAP.** The Minimum Index Cap will be declared at issue. From time to time the Company will periodically declare a new minimum cap. The Minimum Index Cap will never be less than 0% nor more than 5%. Once a policy is issued the Minimum Index Cap stated on the Policy Schedule will not change.

***MONTHLY GUARANTEE PREMIUM RIDER, YEARS PAYABLE.** The monthly cost for the Monthly Guarantee Premium rider will be payable during the Rider Guarantee Period. Once a policy is issued the attained age stated on the Policy Schedule, that the monthly cost will be payable to, will not

change. We reserve the right to change the attained age for new issues to never be less than age 70 or greater than 121.

***RIDER MGP.** The Rider MGP is based upon the Insured's age, sex, death benefit option and premium class. This is the Rider MGP that applies to the specimen policy.

***COMPUTATIONAL RATES.** The rates and corresponding durations are bracketed since they specifically apply to the specimen policy. Once a policy is issued the rates and durations will not change. We reserve the right to change the rates and/or durations for new issues. We anticipate that the duration will range from 1 to 50 years and the rates from 0% to 10%.

***RIDER GUARANTEE PERIOD.** The Rider Guarantee Period is bracketed since it specifically applies to the specimen policy. Once a policy is issued the attained age stated on the Policy Schedule will not change. We reserve the right to change the attained age for new issues to never be less than age 70 or greater than 121.

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES. Policies can be issued on either a sex distinct basis or a gender neutral basis with tobacco or non-tobacco rates. These rates have been bracketed because the Policy Schedule is an example of a non-tobacco sex distinct policy. Appropriate rates will appear in a tobacco sex distinct, gender neutral non-tobacco or gender neutral tobacco policy. The "Male" and "Female" column headings will be replaced with "Rate" for gender neutral policies.

***DEATH BENEFIT CORRIDOR RATES.** Death Benefit Corridor Rates can be based on either the Guideline Premium Test or the Cash Value Accumulation Test (CVAT). The rates, table description, and column headings have been bracketed because this is an example of a policy with the Guideline Premium Test.

Policies issued with CVAT will show: 1) Cash Value Accumulation Test in the table heading; and 2) "Rate" above the unisex rates or "Male" and "Female" above the sex distinct rates. The rates are based on premium class.

TABLE OF SURRENDER CHARGES. Surrender charges are either non-tobacco or tobacco and male, female or gender neutral. These charges have been bracketed because the policy is an example of a policy issued male non-tobacco. Appropriate charges will appear in a female non-tobacco, male tobacco, female tobacco, gender neutral non-tobacco or gender neutral tobacco policy. The Issue Age column will show "Male", "Female" or in the case of gender neutral policies, nothing.

TABLE OF MONTHLY INSTALLMENTS. Policies can be issued on either a sex distinct basis or a gender neutral basis. The sex distinct tables are included because the policy is an example of a sex distinct policy. The gender neutral table will appear in a gender neutral policy.

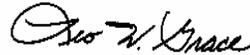
All other bracketed items are for illustrative purposes only.

AMERICAN GENERAL LIFE INSURANCE COMPANY

FORMS – 12436, 12765

We are in compliance with the Arkansas' External-Indexed Contract Guidelines and further certify the following:

1. The contract summary disclosure has been reviewed and complies with the Disclosure and Advertising requirements;
2. The contract will not be solicited by any person who is not trained and qualified;
3. The company will address external-indexed contracts separately in the annual (Section 8) actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.
4. The company will establish and maintain a detailed file defining the system for hedging.



Leo W. Grace, FLMI
Assistant Secretary

October 19, 2012
Date