

SERFF Tracking Number: AMGN-128266963 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number:  
Company Tracking Number: AGLC106036-2012  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Death Benefit Amount Amendment  
Project Name/Number: Death Benefit Amount Amendment/AGLC106036-2012

## Filing at a Glance

Company: American General Life Insurance Company

Product Name: Death Benefit Amount Amendment SERFF Tr Num: AMGN-128266963 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: L09I.001 Single Life Co Tr Num: AGLC106036-2012 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Authors: Nancy Smith, Janice Hooley Disposition Date: 05/02/2012

Hooley

Date Submitted: 04/26/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Death Benefit Amount Amendment

Project Number: AGLC106036-2012

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Janice Hooley

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/02/2012

State Status Changed: 05/02/2012

Created By: Janice Hooley

Corresponding Filing Tracking Number:  
AGLC106036-2012

Filing Description:

NAIC: 012-60488

FEIN: 25-0598210

RE: AGLC106036-2012 – Death Benefit Amount Amendment (Single Life)

AGLC106036JT-2012 – Death Benefit Amount Amendment (Second to Die)

SERFF Tracking Number: AMGN-128266963 State: Arkansas  
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Dear Sir or Madam:

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

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

The purpose of these amendments is to more accurately explain how the Company calculates the Death Benefit Amount. The Death Benefit Amount provision as written in the policy form does not state that the greater of the Accumulation Value and the Cash Value is used in item 2; hence the reason for the revision.

Form AGLC106036-2012 will be attached to all new issues of policy form 10460 previously approved by your Department.

Form AGLC106036JT-2012 will be attached to all new issues of second to die policy forms 11239 and 11242 previously approved by your Department.

Both amendments will also be sent to all inforce policyowners of the same forms.

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.

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

Form Number	Flesch Score	Words	Sentences	Syllables
AGLC106036-2012	58.4	100	5	151
AGLC106036JT-2012	58.2	104	5	157

If you have any questions or require additional assistance, please do not hesitate to call or email. I can be reached at 800-247-8837, x 8313194.

Sincerely,

Nancy Smith  
Compliance Administrator  
State Narrative:

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## Company and Contact

### Filing Contact Information

Nancy Smith, Manager nancy.m.smith@aglife.com  
 2929 Allen Parkway 713-831-3194 [Phone]  
 Mail Stop A38-40 713-342-7550 [FAX]  
 Houston, TX 77019

### 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	04/26/2012	58577873

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/02/2012	05/02/2012



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Death Benefit Amount Amendment (Single Life)		Yes
Form	Death Benefit Amount Amendment (Second to Die)		Yes

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## Form Schedule

### Lead Form Number: AGLC106036-2012

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC106036-2012	Policy/Cont Death Benefit ract/Fratern Amount Amendment al (Single Life) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.400	AGLC106036 - 2012_AMEN DMENT_DEA TH_BENEFIT _AMOUNT.pd f
	AGLC106036JT-2012	Policy/Cont Death Benefit ract/Fratern Amount Amendment al (Second to Die) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		58.200	AGLC106036 JT- 2012_AMEN DMENT_DEA TH_BENEFIT _AMOUNT.pd f

## AMERICAN GENERAL LIFE INSURANCE COMPANY

### AMENDMENT

This amendment has been added to and made a part of the policy to which it is attached.

The Death Benefit Amount provision is deleted and replaced with the following:

**Death Benefit Amount.** 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.

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

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

A handwritten signature in cursive script that reads "Mary Jane Fortin".

President

## AMERICAN GENERAL LIFE INSURANCE COMPANY

### AMENDMENT

This amendment has been added to and made a part of the policy to which it is attached.

The Death Benefit Amount provision is deleted and replaced with the following:

**Death Benefit Amount.** The Death Benefit Amount will be the greater of:

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

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

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

A handwritten signature in cursive script that reads "Mary Jane Fortin".

President

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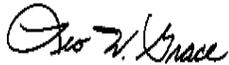
## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachments:</b>            AR Flesch Certification AGL.pdf            AR Certification of Compliance with AR Reg 19 - AGL.pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> Not applicable  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Health - Actuarial Justification  <b>Bypass Reason:</b> Not applicable  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Outline of Coverage  <b>Bypass Reason:</b> Not applicable  <b>Comments:</b></p>		

**AMERICAN GENERAL LIFE INSURANCE COMPANY**

**ARKANSAS FLESCH CERTIFICATION**

This is to certify that the attached Form No(s). **AGLC106036-2012 and AGLC106036JT-2012** (has) achieved Flesch Reading Score of **58.4 and 58.2** 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.



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Leo W. Grace, FLMI  
Vice President

April 24, 2012  
Date

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): AGLC106036-2012 - Death Benefit Amount Amendment (Single Life)  
AGLC106036JT-2012 - Death Benefit Amount Amendment (Second to Die)

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

April 24, 2012  
\_\_\_\_\_

Date