

SERFF Tracking Number: AGLA-128467798 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number:
Company Tracking Number: AGLA 08174 2 REV0612 ET AL
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: AGLA 08174 2 REV0612 Insert Pages 3/3A/3B
Project Name/Number: AGLA 08174 3 REV0612 Insert Pages 3/3A/3B/AGLA 08174 2 REV0612 ET AL

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 08174 2 REV0612 Insert SERFF Tr Num: AGLA-128467798 State: Arkansas
Pages 3/3A/3B

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: AGLA 08174 2
REV0612 ET AL

State Status: Approved-Closed

Filing Type: Form

Author: Hyacinth Prince

Reviewer(s): Linda Bird

Date Submitted: 06/18/2012

Disposition Date: 06/25/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AGLA 08174 3 REV0612 Insert Pages 3/3A/3B

Status of Filing in Domicile: Pending

Project Number: AGLA 08174 2 REV0612 ET AL

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: 06/25/2012

State Status Changed: 06/25/2012

Deemer Date:

Created By: Hyacinth Prince

Submitted By: Hyacinth Prince

Corresponding Filing Tracking Number:

Filing Description:

RE: AGLA 08174 2 REV0612 Insert Pages 3/3A/3B

AGLA 08174 3 REV0612 Insert Pages 3/3A/3B

The enclosed insert pages are being filed for your consideration and approval. These pages will replace AGLA 08174 2 and AGLA 08174 3, originally approved on 05/05/08 under SERFF Tracking Number AMGN-125596010. They will continue to be used with policy form AGLA 08174 approved in the same filing as the original insert pages. The

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referenced forms have been submitted to our domicile state.

These insert pages and actuarial memorandum are being submitted to change the guaranteed interest rate from 5.00% to 4.00% for Policy Years 1-7 as shown on Page 3B.

These insert pages are based on specific issue as follows (see enclosed actuarial memorandum for explanation of banding):

1. Insert Page AGLA 08174 2 REV0612 will be used for male and female issues in band F50.
2. Insert Page AGLA 08174 3 REV0612 will be used for male and female issued in band F100.

When scored jointly with the policy contract, the referenced pages meet Flesch Readability Requirements.
State Narrative:

Company and Contact

Filing Contact Information

Kathryn Mitchell, Kathryn.Mitchell@aglife.com
American General Center 615-749-1139 [Phone]
Nashville, TN 37250-0001

Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee
Company
American General Center Group Code: 12 Company Type: L&H
Nashville, TN 37250-0001 Group Name: AIG State ID Number:
(615) 749-1139 ext. [Phone] FEIN Number: 62-0306330

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
\$50 per form x 2 =\$100.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$100.00	06/18/2012	60209572

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/25/2012	06/25/2012

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Disposition

Disposition Date: 06/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Form	Policy Schedule		Yes
Form	Policy Schedule		Yes

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Form Schedule

Lead Form Number: AGLA 08174 2 REV0612

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 08174 2 REV0612	Schedule Pages	Policy Schedule	Revised	Replaced Form #: AGLA 08174 2 Previous Filing #: AMGN-125596010	0.000	AGLA 08174 2 REV0612 P3.pdf
	AGLA 08174 3 REV0612	Schedule Pages	Policy Schedule	Revised	Replaced Form #: AGLA 08174 3 Previous Filing #: AMGN-125596010	0.000	AGLA 08174 3 REV0612 P3.pdf

POLICY SCHEDULE

Schedule of Benefits

BASIC POLICY

Flexible Premium Adjustable Life Insurance

Years Payable

[86]

Monthly Cost Of Insurance

See Page 16

Schedule of Premiums & Expense Charges

Premium Class - [Standard - No Tobacco]
Initial Premium - [\$402.00]
Planned Periodic Premium - [\$402.00]
Due Date (for Planned Periodic Premium) - [1st Day of Each April]
Deduction Day - [1st] Day of Each Month

Monthly Benchmark Premium - [\$33.50]
Monthly Guarantee Premium - [\$33.50]
Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage	- 7.5%	[6.0%]
Monthly Administration Fee	- \$7.50	[\$6.25]

Monthly Expense Charge - [\$36.00]
Monthly Expense Charge Duration - [To Maturity Date]

Increases and Decreases in Specified Amount

Minimum Specified Amount - [\$50,000]
Minimum Increase Amount - \$10,000

POLICY SCHEDULE
(Continued)

Table of Maximum Expense Charges for Increasing Specified Amount Per \$1,000 of Coverage

Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000	Attained Age	Maximum Expense Charge for Increasing Specified Amount Per \$1,000
35	\$1.03	52	\$1.67	69	\$1.65
36	1.06	53	1.73	70	1.64
37	1.08	54	1.78	71	1.64
38	1.11	55	1.84	72	1.63
39	1.14	56	1.82	73	1.63
40	1.17	57	1.81	74	1.62
41	1.20	58	1.79	75	1.62
42	1.24	59	1.78	76	1.62
43	1.27	60	1.76	77	1.61
44	1.31	61	1.75	78	1.61
45	1.35	62	1.73	79	1.60
46	1.39	63	1.72	80	1.59
47	1.43	64	1.70	81	1.57
48	1.47	65	1.69	82	1.54
49	1.52	66	1.68	83	1.50
50	1.57	67	1.67	84	1.42
51	1.62	68	1.66	85	1.32]

The above charges apply to each \$1,000 in increase of Specified Amount. The Maximum Expense Charge for Increasing Specified Amount will be equal to the rate shown above for Attained Age, multiplied by the number of thousands of increase in Specified Amount.

Surrenders

Partial Surrender Charge - \$25.00
Surrender Charge Period - [19] Years

Table of Surrender Charges Per \$1,000 of Coverage

Year of Surrender	Surrender Charge Per \$1,000	Year of Surrender	Surrender Charge Per \$1,000
1	[\$21.62]	11	[\$19.46]
2	[21.62]	12	[17.30]
3	[21.62]	13	[15.13]
4	[21.62]	14	[12.97]
5	[21.62]	15	[10.81]
6	[21.62]	16	[8.65]
7	[21.62]	17	[6.49]
8	[21.62]	18	[4.32]
9	[21.62]	19	[2.16]
10	[21.62]	20+	0.00

The above charges apply to each \$1,000 of Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Specified Amount will be equal to the rate shown above multiplied by the number of thousands of Specified Amount being surrendered. In addition, there will be a charge not to exceed the Partial Surrender Charge shown in the "Surrenders" Section above for each partial surrender.

POLICY SCHEDULE

(Continued)

Mortality Table

2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Tables.

Guaranteed Interest and Current Interest Bonus Rates

Guaranteed Interest Rate - Policy Years 1-7

0.32737% per month, compounded monthly
(This is equivalent to 4.00% per year, compounded annually.)

Policy Years 8 and Thereafter

0.18559% per month, compounded monthly
(This is equivalent to 2.25% per year, compounded annually.)

Current Interest Bonus Years - 5th and 10th Policy Anniversaries

Current Interest Bonus Rate - **Current Interest Bonus Year 5** [0.25%] per year **Current Interest Bonus Year 10** [Additional 0.25%] per year

Accumulation Value Interest

Interest at the rate declared by us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the guaranteed rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by us will be credited to the amount of any outstanding Preferred Loan Balance.

Loan Interest

Annual policy loan interest rate: 8:00%

Maturity Date

[April 1, 2094]

Coverage may expire prior to the Maturity Date if:

- (a) no future premiums are paid following payment of the Initial Premium;
- (b) subsequent premiums are insufficient; or
- (c) we change the Cost of Insurance rates, interest rates, the Net Premium percentage, or the Monthly Administration Fee.

POLICY SCHEDULE

Schedule of Benefits

BASIC POLICY

Flexible Premium Adjustable Life Insurance

Years Payable

[86]

Monthly Cost Of Insurance

See Page 16

Schedule of Premiums & Expense Charges

Premium Class - [Standard - No Tobacco]
Initial Premium - [\$720.00]
Planned Periodic Premium - [\$720.00]
Due Date (for Planned Periodic Premium) - [1st Day of Each April]
Deduction Day - [1st] Day of Each Month

Monthly Benchmark Premium - [\$60.00]
Monthly Guarantee Premium - [\$60.00]
Monthly Guarantee Premium Period - [60] months

	Guaranteed	Initial
Premium Expense Charge Percentage	- 7.5%	[6.0%]
Monthly Administration Fee	- \$7.50	[\$6.25]

Monthly Expense Charge - [\$72.00]
Monthly Expense Charge Duration - [10 Years]

Increases and Decreases in Specified Amount

Minimum Specified Amount - [\$100,000]
Minimum Increase Amount - \$25,000

POLICY SCHEDULE
(Continued)

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[April 1, 2094]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
ARCERT 2.pdf		
ARCERT5.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum		
Comments:		



American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 2 REV0612 Policy Schedule
AGLA 08174 3 REV0612 Policy Schedule

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

A handwritten signature in cursive script that reads "Grace D. Harvey". The signature is written in black ink and is positioned above a horizontal line.

Grace D. Harvey, ASA, MAAA
Vice President and Actuary

DATE: June 18, 2012



American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08174 2 REV0612 Policy Schedule
 AGLA 08174 3 REV0612 Policy Schedule

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in cursive script that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA
Vice President and Actuary

DATE: June 18, 2012