VIA ELECTRONIC MAIL

December 11, 2017

Mr. Kevin T. Hogan
President
American General Life Insurance Company
2727-A Allen Pkwy 3 D-1
Houston, TX 77019

Re: American General Life Insurance Company, NAIC 60488
   Market Conduct Examination Report Closing Letter

Dear Mr. Hogan:

The Department has reviewed your Company’s proof of compliance and deems it adequate and sufficient. Therefore, the Department is closing its file on this exam.

I intend to ask the Director to make the Examination Report and Stipulation and Consent Order available for public inspection as authorized by 215 ILCS 5/132. At the Department’s discretion, specific content of the report may be subject to redaction for private, personal, or trade secret information prior to making the report public. However, any redacted information will be made available to other regulators upon request.

Please contact me if you have any questions.

Sincerely,

[Signature]

Jack Engle, MCM
Assistant Deputy Director-Market Conduct and Analysis
Illinois Department of Insurance
320 West Washington- 5th Floor
Springfield, IL 62767
217-558-1058
E-mail: Jack.Engle@Illinois.gov
ILLINOIS DEPARTMENT OF INSURANCE
MARKET CONDUCT EXAMINATION OF

American General Life Insurance Company
## MARKET CONDUCT EXAMINATION REPORT

**DATE OF EXAMINATION:** June 6, 2016 through August 11, 2017  
**EXAMINATION OF:** American General Life Insurance Company  
**NAIC Number:** 60488  
**LOCATION:** 3051 Hollis Dr.  
Springfield, IL 62704  
**PERIOD COVERED BY EXAMINATION:** December 1, 2014 through November 30, 2015  
**COMPLAINTS:** September 1, 2014 through November 30, 2015  
**EXAMINERS:** Tiffany Jones  
Chris Heisler, ARe, MCM, Examiner-in-Charge
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<td>13</td>
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<td>13</td>
</tr>
</tbody>
</table>
I. FOREWORD

This is a comprehensive market conduct examination report of the American General Life Insurance Company (NAIC Code 60488). This examination was conducted at the offices of American General Life Insurance Company (“Company” or “AGLIC”), located at 3051 Hollis Dr., Springfield, Illinois.

This examination report is generally a report by exception. However, failure to criticize specific practices, procedures or files does not constitute approval thereof by the Illinois Department of Insurance (“Department”).

During this examination, examiners cited errors made by the Company. Statutory citations were as of the examination period unless otherwise noted.

II. SCOPE OF THE EXAMINATION

The Department has the authority to conduct this examination pursuant to, but not limited to, 215 ILCS 5/132.

The purpose of the examination was to determine if the Company complied with Illinois statutes and the Illinois Administrative Code and to consider whether the Company’s operations are consistent with the public interest. The primary period covered by this review is December 1, 2014 through November 30, 2015, for claims and September 1, 2014 through November 30, 2015, for complaints and appeals unless otherwise noted. Errors outside of this time period discovered during the course of the examination may also be included in the report.

The examination was a comprehensive examination involving the following business functions and lines of business: claims handling practices, policy forms and advertising in use, producer licensing, appeals, and handling of consumer and Department complaints for all lines of business.

In performing this examination, the examiners reviewed a sample of the Company’s practices, procedures, products, forms, advertising, extra-contractual claim adjudication guidelines and files. Therefore, some noncompliant events may not have been discovered. As such, this report may not fully reflect all the practices and procedures of the Company. As indicated previously, failure to identify or criticize improper or noncompliant business practices in this state or other jurisdictions does not constitute acceptance of such practices.
III. COMPANY PROFILE

American General Life Insurance Company, including its wholly owned subsidiaries, is a wholly owned subsidiary of AGC Life Insurance Company (AGC Life or the Parent), an indirect, wholly owned subsidiary of American International Group, Inc. (AIG).

The Company was incorporated in Delaware on April 11, 1960, and commenced business on August 1, 1960, under the name Knights Life Insurance Company. The Company’s name was changed to American General Life Insurance Company of Delaware on December 31, 1962. On December 31, 1991, the Company, California-Western States Life Insurance Company and American General Life Insurance Company merged, with the Company being the surviving entity. The Company re-domesticated to Texas and changed its name to American General Life Insurance Company.


The primary products include term, universal, variable universal and whole life insurance, accident and health insurance, single-premium and flexible-premium deferred fixed and variable annuities, fixed index deferred annuities, single-premium immediate and delayed-income annuities, private placement variable annuities, structured settlements, corporate-owned and bank-owned life insurance, terminal funding annuities, guaranteed investment contracts (GICs) and funding agreements, stable value wrap products and group benefits. Products are distributed through independent marketing organizations, independent insurance agents and financial advisors, banks, broker dealers, structured settlement brokers and benefit consultants, and direct-to-consumer through AIG Direct.
IV. SUMMARY

A comprehensive market conduct examination of American General Life Insurance Company was performed to determine compliance with Illinois statutes and the Illinois Administrative Code.

The following represents a summary of findings, however specific details are found in each section of the report.

<table>
<thead>
<tr>
<th>Crit #</th>
<th>Statute/Rule</th>
<th>Description of Violations</th>
<th>Population</th>
<th>Files Reviewed</th>
<th>Number of Violations</th>
<th>Error %</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>50 Ill. Adm. Code 926.40</td>
<td>DOI Complaint – failed to respond by time allotted.</td>
<td>127</td>
<td>127</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>8</td>
<td>50 Ill. Adm. Code 919.50(a)(1)</td>
<td>Denied Individual Accident and Health – failed to provide Notice of Availability of the Department of Insurance.</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>9</td>
<td>50 Ill. Adm. Code 919.50(a)(1)</td>
<td>Denied Group Accident and Health – failed to provide reasonable written explanation of denial within 30 days.</td>
<td>66</td>
<td>66</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>11,12,13,14,15</td>
<td>215 ILCS 5/224(1)(l)</td>
<td>Paid Individual Life – failed to pay interest due to beneficiary because of delayed payment of claim.</td>
<td>1,044</td>
<td>105</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>26</td>
<td>215 ILCS 5/500-80(a)</td>
<td>Producers – paid $1,122.36 in commissions to two (2) unlicensed individuals.</td>
<td>3,127</td>
<td>3,127</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>36</td>
<td>50 Ill. Adm. Code 917.70(b) and (c)</td>
<td>Individual Life Replacements – failure to send Notice Regarding Proposed Replacement form to existing insurer within 3 working days after receipt of application.</td>
<td>1,145</td>
<td>113</td>
<td>34</td>
<td>30%</td>
</tr>
<tr>
<td>41</td>
<td>50 Ill. Adm. Code 917.70(b) and (c)</td>
<td>Fixed Annuity Replacements – failure to send Notice Regarding Proposed Replacement form to existing insurer within 3 working days after receipt of application.</td>
<td>257</td>
<td>79</td>
<td>46</td>
<td>58%</td>
</tr>
<tr>
<td>48</td>
<td>50 Ill. Adm. Code 917.70(a)</td>
<td>Variable/Index Annuity Replacements – failure to require a statement signed by the agent and applicant as to whether any existing life insurance or annuity would be replaced.</td>
<td>1,466</td>
<td>113</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>52</td>
<td>215 ILCS 5/234.1</td>
<td>Non-Forfeiture – failure to maintain evidence that the Notice of Enactment of the Non-Forfeiture Options was sent to policyowner.</td>
<td>136</td>
<td>64</td>
<td>3</td>
<td>5%</td>
</tr>
</tbody>
</table>
V. METHODOLOGY

The market conduct examination covered the business written for the period of December 1, 2014 through November 30, 2015. Appeals and Complaints covered the period of September 1, 2014 through November 30, 2015. Specifically, the examination focused on a review of the following areas:

1. Producer Licensing and Production Analysis
2. Policy Forms and Advertising Material Analysis
3. Claims Analysis
4. Policy Application and Decline Analysis
5. External and Internal Policy Replacement Analysis
6. Consumer and Insurance Department Complaints

The review of these categories was accomplished through examination of appointed and terminated producer files, application files, cash surrendered policy files, extended term and reduced paid-up policy files, claim files, Insurance Department and consumer complaint files, policy forms and advertising material. Each of these categories is examined for compliance with Department regulations and applicable state laws.

The report concerns itself with improper practices performed by the Company which resulted in failure to comply with Illinois statutes and/or administrative rules. Criticisms were prepared and communicated to the Company addressing violations discovered in the review process. All valid criticisms were incorporated in this report.

The following methods were used to obtain the required samples and to assure a methodical selection:

Producer Licensing and Production Analysis

Populations for the producer file reviews were determined by whether or not the producers were duly licensed in Illinois. New business listings were retrieved from company records selecting newly solicited insurance applications which reflected Illinois addresses for the applicants.

Policy Forms and Advertising Material Analysis

A list of all plans, form letters, riders and advertising materials used in Illinois during the examination period were requested. All were reviewed for compliance as to format, content and terminology as required by Illinois law.

Claims Analysis

Claim surveys were selected using the following criteria:

1. Paid Claims – Payment for claims made during the examination period.
2. Denied Claims – Denial of benefits during the examination period for losses not covered by policy provisions.
All claims were reviewed for compliance with policy contracts and endorsements, and applicable sections of the Illinois Insurance Code (215 ILCS 5/1 et seq.) and the Illinois Administrative Code (50 Ill. Adm. Code 101 et seq.).

All median payment periods were measured from the date necessary proofs of loss were received to the date of payment or denial to the insured or the beneficiary.

The examination period for the claims review was December 1, 2014 through November 30, 2015.

Policy Application and Decline Analysis

The Company provided a listing of all life and annuity application files relating to those applications that were declined during the survey period. The files were reviewed to determine validity of the reason for denial.

External and Internal Policy Replacement Analysis

The Company provided a listing of life and annuity files for policies that were either internal or external replacements of existing policies. The replacements were reviewed to determine compliance with 215 ILCS 5/224(2) and to determine if the required replacement forms were properly executed and or sent.

Consumer and Insurance Department Complaints

The Company provided all files relating to complaints which had been received via the Department of Insurance as well as those received directly by the Company from the insured or his/her representative. A copy of the Company’s complaint register was also reviewed.

Median periods were measured from the date of notification of the complaint to the date of response by the Company. The period of review was September 1, 2014 through November 30, 2015.
VI. SELECTION OF SAMPLES

American General Life Insurance Company

<table>
<thead>
<tr>
<th>Survey</th>
<th>Population</th>
<th># Reviewed</th>
<th>% Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIMS ANALYSIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Individual Life</td>
<td>1,044</td>
<td>105</td>
<td>10%</td>
</tr>
<tr>
<td>Denied Individual Life</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Paid Individual Life Waiver of Premium</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Denied Individual Life Waiver of Premium</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Paid Group Life</td>
<td>50</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>Denied Group Life</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Paid Long Term Care</td>
<td>424</td>
<td>83</td>
<td>20%</td>
</tr>
<tr>
<td>Denied Long Term Care</td>
<td>277</td>
<td>76</td>
<td>27%</td>
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<tr>
<td>Closed Without Payment Long Term Care</td>
<td>104</td>
<td>45</td>
<td>43%</td>
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<tr>
<td>Paid Individual Medicare Supplement</td>
<td>111</td>
<td>60</td>
<td>54%</td>
</tr>
<tr>
<td>Denied Individual Medicare Supplement</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Paid Individual Accident and Health</td>
<td>133</td>
<td>62</td>
<td>47%</td>
</tr>
<tr>
<td>Denied Individual Accident and Health</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Closed Without Payment Individual Accident and Health</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Paid Group Accident and Health</td>
<td>587</td>
<td>83</td>
<td>14%</td>
</tr>
<tr>
<td>Denied Group Accident and Health</td>
<td>66</td>
<td>66</td>
<td>100%</td>
</tr>
<tr>
<td>Paid Variable/Index Annuity Death Settlements</td>
<td>371</td>
<td>86</td>
<td>23%</td>
</tr>
<tr>
<td>Paid Fixed Annuity Death Settlements</td>
<td>1,348</td>
<td>113</td>
<td>8%</td>
</tr>
<tr>
<td>Paid Group Annuity Death Settlements</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>COMPLAINTS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Consumer Complaints</td>
<td>92</td>
<td>92</td>
<td>100%</td>
</tr>
<tr>
<td>Department of Insurance Complaints</td>
<td>127</td>
<td>127</td>
<td>100%</td>
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<tr>
<td>POLICYHOLDER SERVICES</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individual Life New Business Issued</td>
<td>4,515</td>
<td>109</td>
<td>2%</td>
</tr>
<tr>
<td>Declined Individual Life Applications</td>
<td>579</td>
<td>91</td>
<td>16%</td>
</tr>
<tr>
<td>Group Life New Business Issued</td>
<td>2,040</td>
<td>109</td>
<td>5%</td>
</tr>
<tr>
<td>Declined Group Life Applications</td>
<td>579</td>
<td>91</td>
<td>16%</td>
</tr>
<tr>
<td>Fixed Annuity New Business Issued</td>
<td>1,249</td>
<td>109</td>
<td>9%</td>
</tr>
<tr>
<td>Variable/Index Annuity New Business Issued</td>
<td>3,867</td>
<td>109</td>
<td>3%</td>
</tr>
<tr>
<td>Group Annuity New Business Issued</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Declined Annuity Applications</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Individual Accident and Health New Business Issued</td>
<td>1,595</td>
<td>109</td>
<td>7%</td>
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<tr>
<td>Non-Forfeiture (ETI and RPU)</td>
<td>136</td>
<td>64</td>
<td>47%</td>
</tr>
<tr>
<td>Category</td>
<td># of Agents</td>
<td>% of Total</td>
<td>% of Department</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Individual Life Cash Surrender</strong></td>
<td>2,457</td>
<td>114</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Group Life Cash Surrender</strong></td>
<td>121</td>
<td>61</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Fixed Annuity Cash Surrender</strong></td>
<td>2,001</td>
<td>114</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Variable/Index Annuity Cash Surrender</strong></td>
<td>1,206</td>
<td>113</td>
<td>9%</td>
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<tr>
<td><strong>Group Annuity Cash Surrender</strong></td>
<td>23</td>
<td>12</td>
<td>52%</td>
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<tr>
<td><strong>Individual Life Replacements</strong></td>
<td>1,145</td>
<td>113</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Fixed Annuity Replacements</strong></td>
<td>257</td>
<td>79</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Variable/Index Annuity Replacements</strong></td>
<td>1,466</td>
<td>113</td>
<td>8%</td>
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**PRODUCER LICENSING**

<table>
<thead>
<tr>
<th>Category</th>
<th># of Agents</th>
<th>% of Total</th>
<th>% of Department</th>
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</thead>
<tbody>
<tr>
<td><strong>Agents – Fixed Annuity</strong></td>
<td>295</td>
<td>295</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Agents – Variable/Index Annuity</strong></td>
<td>992</td>
<td>992</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Agents – Life, Accident and Health</strong></td>
<td>1,840</td>
<td>1,840</td>
<td>100%</td>
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**POLICY FORMS AND ADVERTISING**

<table>
<thead>
<tr>
<th>Category</th>
<th># of Agents</th>
<th>% of Total</th>
<th>% of Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Forms</td>
<td>549</td>
<td>549</td>
<td>100%</td>
</tr>
<tr>
<td>Advertising</td>
<td>4,329</td>
<td>114</td>
<td>3%</td>
</tr>
</tbody>
</table>
VII. FINDINGS

A. Claims Practices

The examiners reviewed the Company’s claim practices to determine its efficiency of handling, accuracy of payment, adherence to contract provisions and compliance with Illinois laws and regulations.

1. Paid Individual Life

A review of 105 paid individual life claims produced five (5) criticisms. Criticisms 11, 12, 13, 14 and 15 were issued to the Company. The Company failed to pay interest in the amount of $742.48 to the beneficiaries because of delayed payment of claim in violation of 215 ILCS 5/224(1)(l).

The median for payment was six (6) days.

2. Denied Individual Life

The Company did not have any denied individual life claims.

3. Paid Individual Life Waiver of Premium

A review of 10 paid individual life waiver of premium claims produced no criticisms.

The median for payment was 12 days.

4. Denied Individual Life Waiver of Premium

A review of one (1) paid individual life waiver of premium claim produced no criticisms.

The median for denial was one (1) day.

5. Paid Group Life

A review of 50 paid group life claims produced no criticisms.

The median for payment was 11 days.

6. Denied Group Life

A review of one (1) denied group life claim produced no criticisms.

The median for denial was one (1) day.
7. Paid Long Term Care

A review of 83 paid long term care claims produced no criticisms.

The median for payment was seven (7) days.

8. Denied Long Term Care

A review of 76 denied long term care claims produced no criticisms.

The median for denial was six (6) days.

9. Closed Without Payment Long Term Care

A review of 45 closed without payment long term care claims produced no criticisms.

The median for closure was seven (7) days.

10. Paid Individual Medicare Supplement

A review of 60 paid individual medicare supplement claims produced no criticisms.

The median for payment is five (5) days.

11. Denied Individual Medicare Supplement

A review of six (6) denied individual medicare supplement claims produced no criticisms.

The median for denial was four (4) days.

12. Paid Individual Accident and Health

A review of 62 paid individual accident and health claims produced no criticisms.

The median for payment was four (4) days.

13. Denied Individual Accident and Health

A review of 11 denied individual accident and health claims produced one (1) criticism. Criticism 8 was issued to the Company. The Company failed to provide evidence they notified claimant of the availability of the Illinois Department of Insurance as required by 50 Ill. Adm. Code 919.50(a)(1).

The median for denial was three (3) days.
14. Closed Without Payment Individual Accident and Health

A review of two (2) claims produced no criticisms.

The median for closure was 28 days.

15. Paid Group Accident and Health

A review of 83 claims produced no criticisms.

The median for payment was three (3) days.

16. Denied Group Accident and Health

A review of 66 claims produced one (1) criticism. Criticism 9 was issued to the Company. The Company failed to provide written explanation for the denial within 30 days as required by 50 Ill. Adm. Code 919.50(a)(1).

The median for denial was six (6) days.

17. Paid Variable/Index Annuity Death Settlements

A review of 86 variable/index annuity death settlements produced no criticisms.

The median for payment was one (1) day.

18. Paid Fixed Annuity Death Settlements

A review of 113 fixed annuity death settlements produced no criticisms.

The median for payment was eight (8) days.

19. Paid Group Annuity Death Settlements

A review of 14 group annuity death settlements produced no criticisms.

The median for payment was five (5) days.

B. Policyholder Services

1. Individual Life New Business Issued

A review of 109 individual life new business issued files produced no criticisms.

2. Declined Individual Life Applications

A review of 91 declined individual life applications produced no criticisms.
3. Group Life New Business Issued

A review of 109 group life new business issued files produced no criticisms.

4. Declined Group Life Applications

A review of 91 declined group life applications produced no criticisms.

5. Fixed Annuity New Business Issued

A review of 109 fixed annuity new business issued files produced no criticisms.

6. Variable/Index Annuity New Business Issued

A review of 109 variable/index annuity new business issued files produced no criticisms.

7. Group Annuity New Business Issued

A review of three (3) group annuity new business issued files produced no criticisms.

8. Declined Annuity Applications

A review of 13 declined annuity applications produced no criticisms.

9. Individual Accident and Health New Business Issued

A review of 109 individual accident and health new business issued files produced no criticisms.

10. Non-Forfeiture (ETI and RPU)

A review of 64 non-forfeiture files produced one criticism. Criticism 52 was issued to the Company for three (3) violations of 215 ILCS 5/234.1. The Company failed to maintain evidence that the Notice of Enactment of the Non-Forfeiture Options was sent to the policy owner as required by 215 ILCS 5/234.1.

11. Individual Life Cash Surrender

A review of 114 individual life cash surrender files produced no criticisms.

The median for surrender was eight (8) days.

12. Group Life Cash Surrender

A review of 61 group life cash surrender files produced no criticisms.

The median for surrender was eight (8) days.
13. Fixed Annuity Cash Surrender

A review of 114 fixed annuity cash surrender files produced no criticisms.

The median for surrender was six (6) days.

14. Variable/Index Annuity Cash Surrender

A review of 113 variable/index annuity cash surrender files produced no criticisms.

The median for surrender was one (1) day.

15. Group Annuity Cash Surrender

A review of 12 group annuity cash surrender files produced no criticisms.

The median for surrender was four (4) days.

16. Individual Life Replacements

A review of 113 individual life replacement files produced one (1) criticism. Criticism 36 was issued to the Company for 34 violations of 50 Ill. Adm. Code 917.70(b) and (c). The Company failed to send the Notice Regarding Replacement of Life Insurance or Annuity Form to the existing insurer within 3 working days after receipt of the application as required by 50 Ill. Adm. Code 917.70(b) and (c).

17. Fixed Annuity Replacements

A review of 79 fixed annuity replacement files produced one (1) criticism. Criticism 41 was issued to the Company for 46 violations of 50 Ill. Adm. Code 917.70(b) and (c). The Company failed to send the Notice Regarding Replacement of Life Insurance or Annuity Form to the existing insurer within 3 working days after receipt of the application as required by 50 Ill. Adm. Code 917.70(b) and (c).

18. Variable/Index Annuity Replacements

A review of 113 variable/index annuity replacement files produced one (1) criticism. Criticism 48 was issued to the Company for one (1) violation of 50 Ill. Adm. Code 917.70(a). The Company failed to require a statement signed by the agent and applicant as to whether any existing life insurance or annuity would be replaced as required by 50 Ill. Adm. Code 917.70(a).
C. Producer Licensing

A review of 3,127 producer licensing files and first year commissions produced one (1) criticism. Criticism 26 was issued to the Company for two (2) violations of 215 ILCS 5/500-80(a). The Company violated 215 ILCS 5/500-80(a) by paying first year commissions in the amount of $1,122.36 to two (2) unlicensed individuals.

There were no terminated agents during the exam period.

D. Complaints

1. Consumer Complaints

A review of 92 consumer complaints found no criticisms.

2. Department of Insurance Complaints

A review of 127 Illinois Department of Insurance complaints produced one (1) criticism. Criticism 2 was issued to the Company for one (1) violation of 50 Ill. Adm. Code 926.40. The Company failed to respond to the complaint within the time allotted.

E. Policy Forms and Advertising

1. Policy Forms

A review of 549 policy forms produced no criticisms.

2. Advertising

A review of 114 pieces of advertising material produced no criticisms.
STATE OF ILLINOIS
COUNTY OF Sangamon

Christopher J. Heisler, being first duly sworn upon his/her oath, deposes and says:

That he was appointed by the Director of Insurance of the State of Illinois (the “Director”) as Examiner-In-Charge to examine the insurance business and affairs of American General Life Insurance Company (the “Company”), NAIC #60488.

That the Examiner-In-Charge was directed to make a full and true report to the Director of the examination with a full statement of the condition and operation of the business and affairs of the Company with any other information as shall in the opinion of the Examiner-In-Charge be requisite to furnish the Director with a statement of the condition and operation of the Company’s business and affairs and the manner in which the Company conducts its business;

That neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is an officer of, connected with, or financially interested in the Company nor any of the Company’s affiliates other than as a policyholder or claimant under a policy or as an owner of shares in a regulated diversified investment company, and that neither the Examiner-In-Charge nor any other persons so designated nor any members of their immediate families is financially interested in any other corporation or person affected by the examination;

That an examination was made of the affairs of the Company pursuant to the authority vested in the Examiner-In-Charge by the Director of Insurance of the State of Illinois;

That she/he was the Examiner-In-Charge of said examination and the attached report of examination is a full and true statement of the condition and operation of the insurance business and affairs of the Company for the period covered by the Report as determined by the examiners;

That the report contains only facts ascertained from the books, papers, records, or documents, and other evidence obtained by investigation and examined or ascertained from the testimony of officers or agents or other persons examined under oath concerning the business, affairs, conduct, and performance of the Company.

Examiner-In-Charge

Subscribed and sworn to before me
this __ day of __, 2016.

Notary Public

[Official seal]
IN THE MATTER OF:

AMERICAN GENERAL LIFE INSURANCE COMPANY
2727-A ALLEN PKWY 3 D-1
HOUSTON, TX 77019

STIPULATION AND CONSENT ORDER

WHEREAS, the Director of the Illinois Department of Insurance ("Department") is a duly authorized and appointed official of the State of Illinois, having authority and responsibility for the enforcement of the insurance laws of this State; and

WHEREAS, American General Life Insurance Company, ("the Company"), NAIC 60488, is authorized under the insurance laws of this State and by the Director to engage in the business of soliciting, selling and issuing insurance policies; and

WHEREAS, a Market Conduct Examination of the Company was conducted by a duly qualified examiner of the Department pursuant to Sections 132, 401, 402, 403, and 425 of the Illinois Insurance Code (215 ILCS 5/132, 5/401, 5/402, 5/403, and 5/425); and

WHEREAS, as a result of the Market Conduct Examination, the Department examiner filed a Market Conduct Examination Report which is an official document of the Department; and

WHEREAS, the Market Conduct Examination Report cited various areas in which the Company was not in compliance with the Illinois Insurance Code (215 ILCS 5/1 et seq.) and Department Regulations (50 Ill. Adm. Code 101 et seq.); and

WHEREAS, nothing herein contained, nor any action taken by the Company in connection with this Stipulation and Consent Order, shall constitute, or be construed as, an admission of fault, liability or wrongdoing of any kind whatsoever by the Company; and

WHEREAS, the Company is aware of and understands their various rights in connection with the examination and report, including the right to counsel, notice, hearing and appeal under Sections 132, 401, 402, 407, and 407.2 of the Illinois Insurance Code and 50 Ill. Adm. Code 2402; and

WHEREAS, the Company understands and agrees that by entering into this Stipulation and Consent Order, they waive any and all rights to notice and hearing; and
WHEREAS, the Company and the Director, for the purpose of resolving all matters raised by the report and in order to avoid any further administrative action, hereby enter into this Stipulation and Consent Order.

NOW, THEREFORE, IT IS AGREED by and between the Company and the Director as follows:

1. The Market Conduct Examination indicated one area in which the Company was not in compliance with provisions of the Illinois Insurance Code and Department Regulations; and

2. The Director and the Company consent to this Order requiring the Company to take certain actions to come into compliance with provisions of the Illinois Insurance Code and Department Regulations.

THEREFORE, IT IS HEREBY ORDERED by the undersigned Director that the Company shall:

1. Institute and maintain policies and procedures whereby the Company shall use and collect all required notices for replacements of life insurance or annuity contracts and shall provide notice to the existing insurer within 3 working days after receipt of the application as required by 50 Ill. Adm. Code 917.70(b) and 50 Ill. Adm. Code 917.70(c).

2. Submit to the Director of Insurance, State of Illinois, proof of compliance with the above order within 30 days of execution of this Order.

3. Pay to the Director of Insurance, State of Illinois, a civil forfeiture in the amount of $15,250 to be paid within 30 days of execution of this Order.
NOTHING contained herein shall prohibit the Director from taking any and all appropriate regulatory action as set forth in the Illinois Insurance Code including, but not limited to, levying additional forfeitures, should the Company violate any of the provisions of this Stipulation and Consent Order or any provisions of the Illinois Insurance Code or Department Regulations.

On behalf of AMERICAN GENERAL LIFE INSURANCE COMPANY

[Signature]

Name

Chief Operating Officer, ALG Life & Retirement

Title

Subscribed and sworn to before me this 3rd day of November 2017.

[Signature]

Notary Public

DEPARTMENT OF INSURANCE of the State of Illinois:

DATE 11/7/17

Jennifer Hammer
Director