American General Life Insurance Company

Notice Required by the State of Illinois

Confidentiality for Domestic Violence Victims and Endangered Individuals

Illinois Insurance Regulation Part 2028, which applies to all insurers that issue, deliver, amend or renew individual or group policies of accident and health insurance in the State of Illinois, has been enacted. This law provides that if any person covered by an insurance policy delivers a valid order of protection against the policyholder or other person covered by the policy, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other person the address and telephone number of the insured, or of any person or entity providing covered services to the insured. If a child is a covered person, then the right established by this section may be asserted by the child's parent or guardian.

Insurance Regulation Part 2028 also requires such insurers to accommodate a reasonable request made by a person covered by an accident or health insurance policy to receive communications of claim- related information by alternative means or at alternative locations if the person clearly states that disclosure of the information could endanger the person. If a child is the covered person, then this right may be asserted by the child's parent or guardian.

Except with the express consent of the person making the request, an accident and health insurer may not disclose to the policyholder: (1) the address, telephone number, or any other personally identifying information of the person who made the request or child for whose benefit a request was made; (2) the nature of the health care services provided; or (3) the name or address of the provider of the covered services. Please continue reading to learn how you may make a reasonable request to American General Life Insurance Company.

State of Illinois Domestic Violence Helpline

1-877-TO END DV or 1-877-863-6338 (Voice)

TTY: 1-877-863-6339

Reasonable Request

A reasonable request to receive communications of claim related information by alternative means or at alternative locations may be made by, or on behalf of, an individual covered by a policy of accident and health insurance issued by American General Life Insurance Company ("AGL").

Please make all such requests in writing by completing the following Confidential Communication Request Form and mailing the form to:

Individual Accident and Health Insurance Coverage
American General Life Insurance Company, Nashville Service Center
P.O. Box 305355
Nashville, TN 37230-5355

Individual Variable Life Insurance Coverage
American General Life Insurance Company, Variable Life Service Center
P.O. Box 305600
Nashville, TN 37230-5600

Group Accident and Health Insurance Coverage
Chief Compliance Officer, AIG Benefit Solutions
3600 Route 66
Neptune, NJ 07753

Any such reasonable request may later be revoked by the person making the original reasonable request by sending a notarized request to the appropriate address as listed above.

Order of Protection

If you or another individual covered by any policy issued by American General Life Insurance Company are a victim of domestic violence, you may send a valid Order of Protection to the appropriate address below. You may provide an alternative address, telephone number or method of contact with your correspondence.

Individual Accident and Health Insurance Coverage
American General Life Insurance Company, Nashville Service Center
P.O. Box 305355
Nashville, TN 37230-5355

Individual Variable Life Insurance Coverage
American General Life Insurance Company, Variable Life Service Center
P.O. Box 305600
Nashville, TN 37230-5600

Group Life, Accident and Health Insurance Coverage –
Chief Compliance Officer, AIG Benefit Solutions
3600 Route 66
Neptune, NJ 07753

Annuity Service Center – Amarillo, Texas
American General Life Insurance Company
205 E. 10th Avenue
Amarillo, TX 79101

Annuity Service Center – Houston, Texas
US Life
2727A Allen Parkway
Houston, TX 77019

Annuity Service Center – Wilmington, Delaware
US Life
405 King Street
Wilmington, DE 19801

Annuity Service Center – Woodland Hills, California
US Life
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367

AIG

Confidential Communication Request Form

American General Life Insurance Company ("AGL")

This form is for use by a person who is covered by insurance and wishes to make a reasonable request to receive communications of insurance claim-related information from AGL by alternative means or at alternative locations if disclosing claim-related information could endanger the person.

A. COVERED INDIVIDUAL REQUESTING CONFIDENTIAL COMMUNICATION

Name _____ Policy Number/Member I.D. _____

Birth Date _____ Relationship to Primary Insured or Subscriber _____

Current Address _____

B. TO THE COVERED INDIVIDUAL – Please read the following and complete the information requested.

You have the right to make a reasonable request that you receive communications of claim-related information from us by alternative means or at alternative locations if disclosing the claim-related information could endanger you. "Claim-related information" means all claim or billing information relating specifically to you, including your name, address, any services received, and the name and address of the provider of any services (such as your doctor). Your request will remain in effect until you revoke the request in writing with your notarized signature.

I, the covered individual, request that AGL send communications of claim-related information to me by the following alternative means or at the following alternative locations because disclosing the claim-related information could endanger me:

In care of _____
(If you are using someone else's address, then enter his or her name here.)

Alternative Address _____

Alternative Phone Number _____

Alternative Email Address _____

Signature _____ Date _____

C. PARENTS, GUARDIANS, OR LEGAL REPRESENTATIVES

If the covered individual is a child younger than 18-years-old and the person making this request is the child's parent or guardian, then please provide:

Parent or Guardian's Name _____ Relationship to Covered Individual _____

If a legal representative, such as an attorney, is making this request on behalf of the covered individual, then please provide:

Legal Representative's Name _____ Relationship to Covered Individual _____

Organization or Firm Name _____

Business Address _____

Business Phone Number _____ Business E-mail Address _____