

SERFF Tracking Number: AMNA-125615957 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 38771
Company Tracking Number: PWSTPU
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

Filing at a Glance

Company: American National Insurance Company

Product Name: PWSTPU

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AMNA-125615957 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: PWSTPU

Co Status:

Author: Tyra Reed

Date Submitted: 04/22/2008

State Tr Num: 38771

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/28/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Corresponding Filing Tracking Number:

Filing Description:

April 22, 2008

Arkansas Insurance Department

Compliance - Life and Health

1200 West Third Street

Little Rock AR 72201-1904

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

RE: Form PWSTPU Disability Waiver of Stipulated Premium Rider (Unisex)

SERFF Tracking Number: AMNA-125615957 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 38771
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

American National Insurance Company (NAIC 60739, FEIN 74-0484030)

SERFF Tracking Number: AMNA - 125615957

Sir or Madam

Please find the above referenced form attached for your department's review and approval. This is a new rider and is not intended to replace any existing rider.

Form PWSTPU is the Disability Waiver of Stipulated Premium Rider. This rider is intended to waive an amount equal to the stipulated premium when activated. The insured must satisfy the conditions for disability and the elimination period before the benefit can be activated. The rider may only be added at the time of issue of the base policy, and may not be combined with another waiver of premium rider. Issue ages for this rider are 18 to 55, and the rider will expire at age 60. The rider cannot be added to any base policy whose specified amount exceeds \$2,000,000.

These forms will be used with policy form EXEC-JLU(10), on file with your department under SERFF Tracking Number AMNA-125377732 (State Tracking Number: 38623) and Approved 04/17/2008.

- Payment for the required filing fee has been sent by means of EFT via SERFF in the amount of \$50.00.
- Form PWSTPU was filed in Texas, our domicile state on April 21, 2008 and is pending review and approval.
- A Certification of Compliance, Actuarial Memorandum, and Statement of Variability have been attached.
- Application form 9264, approved January 6, 2002 will be used to apply for this rider. The Supplemental Rider Election Form 10173, an optional election form used in addition to the base application previously mentioned, may also be used to elect this rider. Form 10173 was approved February 26, 2008.

Company and Contact

Filing Contact Information

Tyra Reed, Policy Analyst tyra.reed@anico.com
One Moody Plaza (409) 763-1112 [Phone]
Galveston, TX 77550 (409) 766-6933[FAX]

Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas

SERFF Tracking Number: AMNA-125615957

State: Arkansas

Filing Company: American National Insurance Company

State Tracking Number: 38771

Company Tracking Number: PWSTPU

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: PWSTPU

Project Name/Number: /

One Moody Plaza
Galveston, TX 77550
(409) 763-4661 ext. [Phone]

Group Code: 408
Group Name:
FEIN Number: 74-0484030

Company Type:
State ID Number:

SERFF Tracking Number: AMNA-125615957 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 38771
Company Tracking Number: PWSTPU
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$50.00	04/22/2008	19806714

SERFF Tracking Number: AMNA-125615957 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/28/2008	04/28/2008

SERFF Tracking Number: AMNA-125615957 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 38771
Company Tracking Number: PWSTPU
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

Disposition

Disposition Date: 04/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-125615957 State: Arkansas
 Filing Company: American National Insurance Company State Tracking Number: 38771
 Company Tracking Number: PWSTPU
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PWSTPU
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Disability Waiver of Stipulated Premium Rider (Unisex)		Yes

SERFF Tracking Number: AMNA-125615957 State: Arkansas
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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form PWSTPU	Policy/Cont Disability Waiver of ract/Fratern Stipulated Premium al Rider (Unisex) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		61	Form PWSTPU.PDF



AMERICAN NATIONAL INSURANCE COMPANY
STOCK LIFE INSURANCE COMPANY

DISABILITY WAIVER OF STIPULATED PREMIUM RIDER

DATE OF ISSUE. The Date of Issue of this rider will be the Date of Issue of the Policy. Any benefit provided by this rider will be effective on this rider's Date of Issue.

INSURED. The Insured for this rider is the Policy's Insured.

BENEFIT. We will waive the Stipulated Premium due on each Monthly Deduction Date after total disability of the Insured begins and while it continues. Each premium waived will be credited to the Policy as a premium paid. We must have received proof to satisfy Us that:

- (1) the Insured is totally disabled; and
- (2) the total disability has existed for at least 6 consecutive months.

The Stipulated Premium is shown on the Data Page.

TOTAL DISABILITY. "Total disability" means complete mental or physical incapacity of the Insured caused by bodily injury, disease or condition. It must prevent the Insured from engaging in any gainful employment or occupation for which the Insured is or becomes qualified by reason of education, training, or experience. The permanent:

- (1) loss of entire sight of both eyes;
- (2) severance of both hands at or above the wrist;
- (3) severance of both feet at or above the ankle; or
- (4) severance of both one hand at or above the wrist and one foot at or above the ankle is considered total disability.

AGE. Whenever used, "age 60" means the Policy anniversary coinciding with or next following the Insured's 60th birthday.

WRITTEN NOTICE OF CLAIMS. The Company's Home Office must receive the Owner's written claim for waiver of the stipulated premium:

- (1) while the Insured lives;
- (2) not later than the Insured's age 60;
- (3) while the Insured's total disability continues; and
- (4) not later than 1 year after the expiry of the Policy Grace Period, unless the Owner can show that a later claim was made as soon as was reasonably possible.

We will not waive a past premium due more than 1 year before We receive the written claim. If total disability begins during the Grace Period, a premium sufficient to cover the Monthly Deduction for the Grace Period must be paid to Us before any premiums will be waived.

PROOF OF TOTAL DISABILITY AND CONTINUANCE. After receipt of a claim, We can demand proof that the total disability exists and continues, but We cannot do so more often than once a year after 1 year of continuous disability. We may require that a doctor selected by Us make a physical examination of the Insured. We will not waive any premium if the Insured:

- (1) fails to furnish proof of total disability within a reasonable time; or
- (2) refuses to be examined.

LIMITATIONS OF COVERAGE. Waiver of stipulated premium, will not be granted if total disability begins:

- (1) while the Policy is not in force;
- (2) after the Policy lapses; or
- (3) on or after the Insured's age 60.

RISKS NOT ASSUMED. Disability Waiver of Stipulated Premium will not be granted if total disability existed on or before the Date of Issue of this rider; or if it is a direct or indirect result of:

- (1) attempted intentional self-destruction or self-mutilation, whether the Insured was sane or insane;
- (2) any act attributed to riot or war, declared or undeclared or, whether or not the Insured is in military service;
- (3) the voluntary or involuntary administration, taking, or injection of a drug, sedative, or narcotic unless administered by and taken when and as prescribed by a physician; or
- (4) injury, disease, or infection that existed or occurred before the Date of Issue unless disclosed in the Application for this rider or disclosed in the application for an increase in Specified Amount while this rider is in effect.

TERMINATION. This rider will terminate on the first to occur of:

- (1) the date the Grace Period for the Policy expires;
- (2) the date the Policy matures, expires, or is surrendered; or
- (3) this rider's Expiry Date, as shown on the Policy Data Page.

At Your written request, We will terminate this rider. You must return the Policy to Us for endorsement. This rider will terminate on the Monthly Deduction Date that coincides with or next following the receipt, at Our Home Office, of the request to terminate this rider. After the date this rider terminates, the Cost of Insurance for this rider's benefit will no longer be included in the Monthly Deduction.

COST OF BENEFIT. The Cost of Insurance for the Disability Waiver of Premium Benefit is determined on a monthly basis. The Cost of Insurance for a Policy month is calculated as (a) multiplied by (b) where:

- (a) is the Monthly Cost of Insurance Rate for the Waiver of Premium Benefit shown on the Date Page; and
- (b) is the Disability Waiver of Premium Benefit.

The Cost of Insurance Rate for this benefit is based on the age, and rate class of the Insured. The cost of this benefit will be included in the Monthly Deduction on each Monthly Deduction Date on which this rider is in force.

This rider is a part of the Policy to which it is attached (the "Policy"). All terms and provisions of the Policy that apply will be construed to be a part of this rider.

Signed for the Company at Galveston, Texas, on the Date of Issue.


SECRETARY


PRESIDENT

DATA PAGE

OWNER [JOHN ANICO]
BENEFICIARY As stated in the copy of the attached application unless subsequently changed in compliance with Policy provisions.
NAME OF INSURED [JOHN ANICO] [\$ 100,000] **SPECIFIED AMOUNT**
AGE AT ISSUE [35] [JULY 1, 2007] **DATE OF ISSUE**
POLICY NUMBER [12345678]

FORM NUMBER	BENEFIT DESCRIPTION	MINIMUM ANNUAL PREMIUM
EXEC-ULU [(XX)]	ANICO EXECUTIVE UNIVERSAL LIFE INSURANCE POLICY	[\$ 518.00]
PWSTPU[(XX)]	DISABILITY WAIVER OF STIPULATED PREMIUM RIDER EXPIRY DATE [JULY 1, 2032]	[\$ 47.04]
TOTAL MINIMUM ANNUAL PREMIUM		[\$ 565.04]

INSURED CLASS [STANDARD NICOTINE NON-USER]

DEATH BENEFIT OPTION [A - SPECIFIED AMOUNT]

INITIAL PREMIUM [\$ 840.00]

PLANNED PERIODIC PREMIUM [\$ 840.00 - ANNUALLY]

MAXIMUM PERCENTAGE OF PREMIUM CHARGE 8.00 %

MONTHLY DEDUCTION

A Cost of Insurance Charge

A Charge for any riders

Maximim Monthly Expense Fee \$ 5.00

Maximim Monthly Expense Charge \$ 10.00

It is possible that coverage will expire prior to the Insured's 121st birthday if subsequent premiums are not paid following the payment of the initial premium or if the Surrender Value is insufficient to continue coverage to such date.

The minimum Specified Amount during the lifetime of the Policy is \$ 25,000

SAFETY NET GUARANTEE PREMIUM [\$ 565.04 ANNUALLY]

SAFETY NET GUARANTEE PERIOD 10 YEARS

OVERLOAN PROTECTION BENEFIT RATE 4.5 %

INTEREST RATES

SURRENDER VALUES AND RESERVES 4.0 %

GUARANTEED MINIMUM 3.0 %

POLICY LOAN RATE 6.0 %

MORTALITY TABLES

RESERVES ARE CALCULATED USING THE 2001 CSO (80) COMPOSITE ALB ULTIMATE MORTALITY TABLE FOR SMOKERS OR NONSMOKERS. ALL CALCULATIONS ASSUME CONTINUOUS FUNCTIONS BASED ON AGE LAST BIRTHDAY.

INSURED [JOHN ANICO]

AGE [35]

MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES PER \$ 1,000 BASED ON VALUES FROM THE 2001 CSO (80) COMPOSITE ALB ULTIMATE MORTALITY TABLE FOR SMOKERS OR NONSMOKERS AS APPROPRIATE

ATTAINED AGE	EXEC-ULU	ATTAINED AGE	EXEC-ULU	ATTAINED AGE	EXEC-ULU
35	0.16351	64	2.05126	93	22.31853
36	0.17353	65	2.22519	94	24.05405
37	0.18522	66	2.39779	95	26.03326
38	0.19859	67	2.57595	96	27.99891
39	0.21279	68	2.75971	97	29.58742
40	0.23034	69	2.96208	98	30.73520
41	0.25124	70	3.19452	99	32.42300
42	0.27633	71	3.47734	100	34.39281
43	0.30644	72	3.80146	101	36.42324
44	0.33992	73	4.13397	102	38.77001
45	0.37424	74	4.49442	103	41.46005
46	0.40942	75	4.89207	104	44.80144
47	0.44126	76	5.33285	105	48.99858
48	0.46809	77	5.83904	106	53.66081
49	0.50247	78	6.41555	107	58.81412
50	0.54358	79	7.05115	108	64.51823
51	0.59563	80	7.76569	109	70.93955
52	0.65780	81	8.55201	110	78.03444
53	0.73012	82	9.36614	111	83.33333
54	0.81514	83	10.23359	112	83.33333
55	0.90530	84	11.20613	113	83.33333
56	1.00064	85	12.27591	114	83.33333
57	1.08934	86	13.45471	115	83.33333
58	1.17560	87	14.75741	116	83.33333
59	1.27551	88	16.11298	117	83.33333
60	1.39422	89	17.47368	118	83.33333
61	1.53776	90	18.64520	119	83.33333
62	1.70116	91	19.68941	120	83.33333
63	1.87516	92	20.91223	121	83.33333

TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE	POLICY YEAR	SURRENDER CHARGE
1	\$2220.00	9	\$ 2029.00
2	\$ 2199.00	10	\$ 2001.00
3	\$ 2176.00	11	\$ 1644.00
4	\$ 2153.00	12	\$ 1296.00
5	\$ 2129.00	13	\$ 957.00
6	\$ 2106.00	14	\$ 628.00
7	\$ 2080.00	15	\$ 309.00
8	\$ 2054.00	OTHER YEARS	\$ 0.00

POLICY DATA PAGE CONTINUED FOR POLICY NUMBER

[12345678]

INSURED

[JOHN ANICO]

AGE [35]

DISABILITY WAIVER OF STIPULATED PREMIUM BENEFIT

[\$ 100,000]

MONTHLY FIXED COST PER DOLLAR OF MONTHLY STIPULATED PREMIUM

ATTAINED AGE	PWSTPU
35	0.044
36	0.044
37	0.045
38	0.046
39	0.047
40	0.048
41	0.049
42	0.050
43	0.052
44	0.053
45	0.055
46	0.057
47	0.058
48	0.061
49	0.065
50	0.073
51	0.083
52	0.096
53	0.111
54	0.125
55	0.139
56	0.152
57	0.164
58	0.177
59	0.191

SERFF Tracking Number: AMNA-125615957 *State:* Arkansas
Filing Company: American National Insurance Company *State Tracking Number:* 38771
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TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-125615957 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PWSTPU
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/18/2008

Comments:

Attachment:

AR - CERTIFICATION OF COMPLIANCE.pdf

Review Status:

Satisfied -Name: Application 04/18/2008

Comments:

Base application form 9261, approved 1/6/2002 will be used to apply for this rider.

A supplemental rider election form may also be used (optional) in addition to the base application mentioned above to elect this rider upon application - Form 10173, approved 2/26/2008.

Review Status:

Satisfied -Name: Actuarial Memorandum 04/22/2008

Comments:

Attachment:

AM - ACTUARIAL MEMORANDUM - Form PWSTPU.pdf

Review Status:

Satisfied -Name: Statement of Variability 04/22/2008

Comments:

Attachment:

ASOV - STATEMENT OF VARIABILITY - Form PWSTPU.pdf

Review Status:

Satisfied -Name: Cover Letter 04/22/2008

Comments:

Attachment:

AR - 20080422.pdf



AMERICAN NATIONAL INSURANCE COMPANY

ARKANSAS

CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19

ACA 23-80-206 (Flesch Certification, minimum of 40) –

Form PWSTPU, Disability Waiver of Stipulated Premium (Unisex) achieves a score of 61.0

<u>Form</u>	<u>Form Name</u>	<u>Type of Form</u>
Form PWSTPU	Disability Waiver of Stipulated Premium (Unisex)	Rider

Rex D. Hemme

Vice President & Actuary

American National Insurance Company

Actuarial Memorandum for Waiver of Stipulated Premium Rider
Form PWSTPU

This rider is a disability waiver of stipulated premium. This rider is designed to continue premium payments at the planned level in the event of disability. The stipulated premium to be waived will be equal to the planned premium except it cannot be greater than the guideline premium. Charges for the rider are based on the insured's gender and issue age. The charges are deducted from the policy's accumulation value as part of the policy's monthly deduction.

This rider does not have cash values.

The reserve for this rider is one half the current month's cost of insurance.

Dustin J. Dusek
Dustin Dusek ASA, MAAA



AMERICAN NATIONAL INSURANCE COMPANY

Tyra G. Reed, Life Policy Analyst
Product Development – Actuarial
One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tyra.reed@ANICO.com
Phone: (409) 763-4661 x 5222
Fax: (409) 766-6933

STATEMENT OF VARIABILITY

The Data Page submitted contains the variable fields as described below:

(page 1)

Owner	Will change to display the actual base policy owner's name.
Name of Insured	Will change to display the actual insured's name.
Specified Amount	Will change to display the actual specified amount of the base policy.
Age at Issue	Will change to display the actual age of the Insured at issue.
Date of Issue	Will change to display the actual date of issue for the base policy.
Policy Number	Will change to display the actual policy number assigned by the Company
Form Number	The base form number will remain the same. Depending on if a state specific policy form is used, the 2-digit state code assigned to that state's special form will display. This applies to both the base policy and PWSTPU.
Rider Expiry Date	This date will change based on the issue age of the Insured to the attained age 60.
Minimum Annual Premium	The amount displayed will vary based on the specified amount, Insured information and classification.
Total Minimum Annual Premium	The amount displayed will vary based on the specified amount, Insured information and classification and the selection of any additional riders which require premiums.
Insured Class	Will change to display the class of the Insured. The applicable values for this field are: Preferred Plus Nicotine Non-User Preferred Nicotine Non-User Standard Plus Nicotine Non-User Standard Nicotine Non-User Preferred Nicotine User Standard Nicotine User



AMERICAN NATIONAL INSURANCE COMPANY

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Death Benefit Option Will display the Death Benefit Option selected at the time of application. (Or the default option of A if no option is selected at the time of application) The applicable values for this field are:

- A – Specified Amount
- B – Specified Amount + Accumulation Value
- C – Specified Amount + Return of Premiums Paid

Initial Premium The amount displayed will vary based on the specified amount, Insured information and classification.

Planned Periodic Premium The amount displayed will vary based on the specified amount, Insured information and classification, and the mode (frequency) of planned periodic premium payments selected.

Safety Net Guarantee Premium The amount displayed will vary based on the specified amount, Insured information and classification, and the selection of any additional riders which require premiums

(page 2)

Policy Number Will change to display the policy number assigned by the Company. This will always be the same number displayed in the policy number field on Page 1.

Insured Will change to display the insured's name, sex and age. This will always be the same values displayed in the Name of Insured, Insured Sex, and Age at Issue fields on page 1 of the Data Page.

(page 3)

Insured Will change to display the Insured's name and age. This information will be the same as displayed on pages 1 and 2.

Disability Waiver of Stipulated Premium Benefit Is the amount of stipulated premium to be waived.



AMERICAN NATIONAL INSURANCE COMPANY

Tyra G. Reed, Life Policy Analyst III
Product Development – Actuarial
One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tyra.reed@ANICO.com
Phone: (409) 763-4661 x 5222
Fax: (409) 766-6933

April 22, 2008

Arkansas Insurance Department
Compliance - Life and Health
1200 West Third Street
Little Rock AR 72201-1904

RE: Form PWSTPU Disability Waiver of Stipulated Premium Rider (Unisex)

American National Insurance Company (NAIC 60739, FEIN 74-0484030)
SERFF Tracking Number: AMNA - 125615957

Sir or Madam

Please find the above referenced form attached for your department's review and approval. This is a new rider and is not intended to replace any existing rider.

Form PWSTPU is the Disability Waiver of Stipulated Premium Rider. This rider is intended to waive an amount equal to the stipulated premium when activated. The insured must satisfy the conditions for disability and the elimination period before the benefit can be activated. The rider may only be added at the time of issue of the base policy, and may not be combined with another waiver of premium rider. Issue ages for this rider are 18 to 55, and the rider will expire at age 60. The rider cannot be added to any base policy whose specified amount exceeds \$2,000,000.

These forms will be used with policy form EXEC-ULU(10), on file with your department under SERFF Tracking Number AMNA-125377732 (State Tracking Number: 38623) and Approved 04/17/2008.

- Payment for the required filing fee has been sent by means of EFT via SERFF in the amount of \$50.00.
- Form PWSTPU was filed in Texas, our domicile state on April 21, 2008 and is pending review and approval.
- A Certification of Compliance, Actuarial Memorandum, and Statement of Variability have been attached.
- Application form 9264, approved January 6, 2002 will be used to apply for this rider. The Supplemental Rider Election Form 10173, an optional election form used in addition to the base application previously mentioned, may also be used to elect this rider. Form 10173 was approved February 26, 2008.

Should any additional information be required, or if there are any questions, please contact me at the phone number or e-mail address provided above.

Sincerely,

Tyra G. Reed

Tyra G. Reed, Life Policy Analyst III