

SERFF Tracking Number: AMNA-125624320 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 39276  
Company Tracking Number: 10039  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: 10039  
Project Name/Number: /

## Filing at a Glance

Company: American National Insurance Company

Product Name: 10039

TOI: A10 Annuities - Other

Sub-TOI: A10.000 Annuities - Other

Filing Type: Form

SERFF Tr Num: AMNA-125624320 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 10039

Co Status:

Author: Tyra Reed

Date Submitted: 06/11/2008

State Tr Num: 39276

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/17/2008

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: 06/17/2008

State Status Changed: 06/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Please find the above referenced form attached for your department's review and approval. This is a new application form and is intended to be used with fixed and equity indexed annuity products. Upon completion of this application, and its submission to the home office, it will be attached to and made a part of the contract that is delivered to the annuitant.

Additional components / information associated with this filing are as follows and have been enclosed (when applicable) for your review:

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## 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  
 One Moody Plaza Group Code: 408 Company Type:  
 Galveston, TX 77550 Group Name: State ID Number:  
 (409) 763-4661 ext. [Phone] FEIN Number: 74-0484030  
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## 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	06/11/2008	20795118

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/17/2008	06/17/2008

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## **Disposition**

Disposition Date: 06/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Certificate of Readability		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Annuity Application		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10039	Application/ Annuity Application Enrollment Form	Initial		51	Form 10039.pdf



# Application for Annuity

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999



page 1 of 4 | Overnight Address: One Moody Plaza, Galveston, TX 77550 | Mailing Address: PO Box 1763, Galveston, TX 77553 | Phone Number: 1-800-252-9546

## 1. ANNUITANT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F | U.S. Citizen  Yes  No

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. OWNER (If other than Annuitant. If IRA or TSA, the Owner and Annuitant must be the same person.)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F | U.S. Citizen  Yes  No

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 3. JOINT OWNER (Not available with Qualified plans)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Gender  M  F

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen  Yes  No | Daytime telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 4. PRIMARY BENEFICIARY (A Date of Birth and SSN is required for each beneficiary. Complete Additional Beneficiary Page if additional space is needed.)

A. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen  Yes  No | Daytime telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a trust is named as beneficiary, provide date trust was created. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

B. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F

Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen  Yes  No | Daytime telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a trust is named as beneficiary, provide date trust was created. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 5. NAME OF ANNUITY PRODUCT APPLIED FOR (A signed copy of the product disclosure form given to owner must be submitted.)

\_\_\_\_\_

## 6. ANNUITY TYPE (If this transaction is a transfer or an exchange, complete the appropriate request form and submit with application.)

**NON-QUALIFIED**  **QUALIFIED** If Qualified, check the type of plan.

CASH WITH APPLICATION  ROLLOVER  IRA  SEP  PENSION PLAN

1035 Exchange  TRANSFER  Roth IRA  TSA-403b (Profit Sharing or Defined Benefit)

CASH WITH APPLICATION  Other \_\_\_\_\_

(ANICO does not offer SIMPLE IRA's)

Amount paid with application \$ \_\_\_\_\_ (Check must be payable to American National Insurance Company.)



**7. BILLING DATA FOR FLEXIBLE ANNUITY USE ONLY. (Minimum additional premium \$100 EFT)**

MODE:  Annual  Semiannual  Quarterly  Monthly Amount \$ \_\_\_\_\_

METHOD:  Direct  Electronic Fund Transfer (EFT)  Government Allotment  Salary Deduction\*

\*Complete for salary deduction selection: Franchise Name | \_\_\_\_\_ Franchise Number | \_\_\_\_\_

**8. RIDER SELECTION AND INITIAL PREMIUM ALLOCATION**

**Only complete for applicable index annuity products when appropriate.  
Not all products may be available in all states. Check product availability for your state.**

**ANICO Strategy Indexed Annuity** *Riders may only be added at issue*

Lifetime Income Rider  Enhanced Death Benefit Rider  Return of Premium Rider

Initial Premium Allocation  
 Declared Interest Option \_\_\_\_\_ %  
 Indexed Interest Option \_\_\_\_\_ %  
 Total 100 %

**ANICO Equity Indexed Annuity** *Rider may only be added at issue*

Return of Premium Rider

**9. INCOME OPTIONS - FOR IMMEDIATE ANNUITIES ONLY Complete a W-4P for withholdings**

**Single Life**

**Payout Options**

- Life Only
- Life with Certain Period \_\_\_\_\_ years (5 - 20)
- Life Cash Refund
- Life Installment Refund
- Certain Period \_\_\_\_\_ years (5 - 30)
- Fixed Amount for \_\_\_\_\_ years or \$ \_\_\_\_\_

**Joint Life**

Joint Annuitant Name: | \_\_\_\_\_

SSN  TIN | \_\_\_\_\_ Gender  M  F

Date of Birth \_\_\_\_\_ U.S. Citizen  Y  N

Payments will be \_\_\_\_\_ % upon death of 1st life

**Payout Options**

- Joint to Survivor
- Joint to Spouse
- Payments to be made for a certain period of \_\_\_\_\_ years (5 -30).

Frequency of Payments:  Monthly  Quarterly  Semiannual  Annual **Date Payments to Start** | \_\_\_\_\_

Method:  Direct  EFT (Attach Voided Check)

**10. TOTAL INSURANCE/ANNUITIES IN FORCE ON PROPOSED ANNUITANT**

Yes  No Do you have existing life insurance or annuity coverage?

Yes  No Will the annuity applied for replace or use cash values of any existing life insurance or annuity issued by any company?

If "YES", agent must provide and complete the appropriate replacement form.

**FRAUD WARNING**

Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**APPLICATION SIGNATURES**

To the best of my knowledge and belief, the statements and answers in this application are true and complete.

Under penalty of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 2.) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3.) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(State) (Day) (Month) (Year)

\_\_\_\_\_  
Signature of Annuitant

\_\_\_\_\_  
Signature of Joint Annuitant (For Immediate Annuities)

\_\_\_\_\_  
Signature of Owner, if other than Annuitant

\_\_\_\_\_  
Signature of Joint Owner, if other than Annuitant

\_\_\_\_\_  
Signature of Agent





**Premium Receipt**  
**American National Insurance Company**  
**One Moody Plaza, Galveston, Texas 77550-7999**

Valid only for an annuity and for the premium amount shown in the application paid for an annuity.

Received from \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

the sum of (\$ \_\_\_\_\_) in cash as premium on an annuity on the life of \_\_\_\_\_

for which an application has been made to this company, bearing the same number and date as this receipt.

Signature of soliciting agent \_\_\_\_\_

Print agent's name \_\_\_\_\_

The company accepts payment by check, draft, or money order subject to its being honored upon presentation. Checks, drafts, or money orders must be made payable to American National Insurance Company. Do not leave payee blank or make payable to agent.

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## **Rate Information**

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 04/25/2008  
**Comments:**  
**Attachment:**  
AR - CERTIFICATION OF COMPLIANCE.pdf

**Review Status:**  
**Satisfied -Name:** Certificate of Readability 06/11/2008  
**Comments:**  
**Attachment:**  
A- READABILITY.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 06/11/2008  
**Comments:**  
**Attachment:**  
A - STATEMENT OF VARIABILITY.pdf

**Review Status:**  
**Satisfied -Name:** Cover Letter 06/11/2008  
**Comments:**  
**Attachment:**  
AR - 20080611.pdf



AMERICAN NATIONAL INSURANCE COMPANY

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## 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 10039 achieves a score of 51.1

<u>Form</u>	<u>Form Name</u>	<u>Type of Form</u>
Form 10039	Annuity Application	Application



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Rex D. Hemme

Vice President & Actuary

American National Insurance Company



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## READABILITY CERTIFICATION

We hereby certify that the following form(s) meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
10039	Annuity Application	51.1

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Rex D. Hemme

Vice President & Actuary

American National Insurance Company



**AMERICAN NATIONAL INSURANCE COMPANY**

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

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

### **Statement of Variability**

The following items are submitted as variable fields on the annuity application form 10039:

#### **PAGE 1**

Mailing Address / Overnight Address - this field was marked as variable to allow for updates to the P O Box or physical address where completed applications are to be sent.

#### **PAGE 2**

Rider Selection and Initial Premium Allocation - the contents of this section were marked as variable to allow for the possible addition / removal of riders and / or initial premium allocation options. Only approved riders / options on approved products will be added.

#### **PAGE 3**

Additional Required Forms - this section is contained on the agent's report as a guide for the agent to help ensure that any additionally required forms are completed and submitted with the application. It was marked as variable to allow for the addition and / or removal of forms as necessary.



**AMERICAN NATIONAL INSURANCE COMPANY**

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Tyra G. Reed, Life Policy Analyst III  
Product Development - Actuarial  
One Moody Plaza, 14<sup>th</sup> Floor  
Galveston, Texas 77550

e-mail: tyra.reed@ANICO.com  
Phone: (409) 763-4661 x 5222  
Toll Free (800) 899-6809 x 5222  
Fax: (409) 766-6933

June 11, 2008

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

<b>American National Insurance Company</b>	<b>Filing of Form 10039</b>
<b>NAIC Number 60739</b>	<b>FEIN 74-0484030</b>
<b>SERFF Tracking Number</b>	<b>AMNA -125624320</b>

Sir or Madam

Please find the above referenced form attached for your department's review and approval. This is a new application form and is intended to be used with fixed and equity indexed annuity products. Upon completion of this application, and its submission to the home office, it will be attached to and made a part of the contract that is delivered to the annuitant.

Additional components / information associated with this filing are as follows and have been enclosed (when applicable) for your review:

- Form 10039 was filed in Texas, our domicile state on June 8, 2008 and is pending review and approval.
- Payment for the required filing fee has been transmitted via EFT through SERFF in the amount of \$ 50.00.
- Certificate of Readability
- Statement of Variability
- Certification of Compliance

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