

<i>SERFF Tracking Number:</i>	<i>AMNH-125612820</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>38828</i>
<i>Company Tracking Number:</i>	<i>GMS-2</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>ANICO Med Supp</i>		
<i>Project Name/Number:</i>	<i>ANICO Med Supp Ann Filing/2008</i>		

## Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO Med Supp

SERFF Tr Num: AMNH-125612820 State: ArkansasLH

TOI: MS021 Individual Medicare Supplement - Pre-Standardized

SERFF Status: Closed

State Tr Num: 38828

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Co Tr Num: GMS-2

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Andrea Link

Disposition Date: 05/09/2008

Date Submitted: 04/30/2008

Disposition Status: Approved

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: ANICO Med Supp Ann Filing

Status of Filing in Domicile: Pending

Project Number: 2008

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed at the same time as this filing

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 6%

Group Market Type:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

6% Trend Increase for Pre-Standardized Medicare Supplement policy forms GMS-2, GMS-3, GMS-4, GMS-6

Please find enclosed an actuarial memorandum supporting the annual rate filing for Medicare Supplement policy forms GMS-2, GMS-3, GMS-4, and GMS-6 to be effective on July 1, 2008. These Medicare Supplement policy forms are

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being combined for rate filing purposes and as they are no longer being sold this filing will affect inforce business only.

Anticipated loss ratio information and adjusted rate schedules are also included with this submission. There are currently 3 policyholders in your state that will be affected by this rate filing. If our filing is satisfactory please forward a stamped-approved copy for our records.

## Company and Contact

### Filing Contact Information

Andrea Link, Rate Compliance Analyst II andrea.link@anico.com  
 One Moody Plaza (409) 766-6093 [Phone]  
 Galveston, TX 77550 (409) 766-6542[FAX]

### Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas  
 One Moody Plaza Group Code: 408 Company Type: Industry  
 Galveston, TX 77550 Group Name: State ID Number:  
 (409) 621-7704 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	04/30/2008	20003613

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/09/2008	05/09/2008
Filed	Stephanie Fowler	05/09/2008	05/09/2008

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## Disposition

Disposition Date: 05/09/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 6% rate increase for GMS-2, GMS-3, GMS-4, and GMS-6 to be implemented on or after July 1, 2008. This approval is subject to the following:

1. Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
American National Insurance Company	6.000%	\$239	3	\$3,980	6.000%	6.000%	6.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	EFT Voucher	Approved	No
<b>Rate</b>	Proposed Rates	Approved	No

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Electronic  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 11.000%  
**Effective Date of Last Rate Revision:** 07/15/2007  
**Filing Method of Last Filing:** Electronic

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American National Insurance Company	6.000%	6.000%	\$239	3	\$3,980	6.000%	6.000%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Proposed Rates	GMS-2, GMS-3	Revised		AR Rates.pdf

GUARANTEED RENEWABLE  
MEDICARE SUPPLEMENT POLICY  
FORM GMS-2  
TOTAL ANNUAL LEVEL PREMIUMS

MALE OR FEMALE

**Current Rates**

ANNUAL  
PREMIUM

1,630.79

**Proposed Rates**

ANNUAL  
PREMIUM

1,728.63

GUARANTEED RENEWABLE  
MEDICARE SUPPLEMENT POLICY  
FORM GMS-3  
SUPPLEMENTARY 65 COVERAGE  
TOTAL ANNUAL LEVEL PREMIUMS

**MALE OR FEMALE**

**CURRENT RATES**

ANNUAL  
PREMIUM  
1,644.63

**PROPOSED RATES**

ANNUAL  
PREMIUM  
1,743.31

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	EFT Voucher	<b>Review Status:</b>	Approved	05/09/2008
<b>Comments:</b>				
<b>Attachment:</b>				
AR EFT Voucher.pdf				



AMERICAN NATIONAL INSURANCE COMPANY

Galveston, Texas

VOUCHER NUMBER

00001096

04-24-2008

ANICO MED SUPP FILING FEE AMNH-125612820

HJ INDIVIDUAL HEALTH R & D

5449 113933 0842573

\$50.00

CKW01G 01/03

PLEASE DETACH THIS VOUCHER AND KEEP FOR YOUR RECORDS

**NOT NEGOTIABLE**

**BANK ABA NUMBER**

**ACCOUNT NUMBER**

**AMOUNT**

\$50.00

NAIC  
2301 MCGEE SUITE 800  
KANSAS CITY

MO 64108

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