

SERFF Tracking Number: AMNH-125644337 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 39133  
Company Tracking Number: CANM  
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Product Name: ANICO CANCER  
Project Name/Number: CANCER MASTER/2008

## Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO CANCER SERFF Tr Num: AMNH-125644337 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 39133

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: CANM State Status: Approved-Closed

Only

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Andrea Link

Disposition Date: 06/06/2008

Date Submitted: 05/28/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 07/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: CANCER MASTER

Project Number: 2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 35%

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number:

Filing Description:

35% Rate Increase Request for Individual Cancer Form CAN, Master Policy Only

Status of Filing in Domicile: Pending

Date Approved in Domicile:

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

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Sir or Madam:

SERFF Tracking Number: AMNH-125644337 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 39133  
 Company Tracking Number: CANM  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: ANICO CANCER  
 Project Name/Number: CANCER MASTER/2008

Please find enclosed an actuarial memorandum in support of a 35% rate increase for the Master policy cancer form CAN to be effective on July 1, 2008. This form is no longer being sold in your state, so this rate increase will affect inforce policyholders only. This rate increase will not be implemented prior to written approval from your Department and our proper notification of policyholders.

Anticipated loss ratio information and adjusted rates are also included with this submission. There are currently 55 policyholders in your state who will be affected by this rate increase. If our filing is satisfactory please return an 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	05/28/2008	20531482

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/06/2008	06/06/2008

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## Disposition

Disposition Date: 06/06/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 35% rate increase on Form CAN. The approval is subject to the following conditions:

1. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
2. All increase in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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	35.000%	\$7,718	55	\$22,051	35.000%	35.000%	35.000%

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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-Closed	No
<b>Supporting Document</b>	EFT Voucher	Approved-Closed	Yes
<b>Rate</b>	Proposed Rates	Approved-Closed	No