

SERFF Tracking Number: AMNH-125735457 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 39753
Company Tracking Number: ANL-KMMT
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: ANTEX Maj Med
Project Name/Number: ANTEX Individual Maj Med/2008

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: ANTEX Maj Med SERFF Tr Num: AMNH-125735457 State: ArkansasLH
TOI: H16I Individual Health - Major Medical SERFF Status: Closed State Tr Num: 39753
Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: ANL-KMMT State Status: Approved-Closed
Provider (PPO)
Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor
Author: Andrea Link Disposition Date: 08/12/2008
Date Submitted: 07/28/2008 Disposition Status: Approved-Closed
Implementation Date Requested: 09/15/2008 Implementation Date:

State Filing Description:

General Information

Project Name: ANTEX Individual Maj Med 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: 30% Group Market Type:
Filing Status Changed: 08/12/2008 Deemer Date:
State Status Changed: 08/12/2008
Corresponding Filing Tracking Number:
Filing Description:
30% Rate Increase Request for Pooled Major Medical forms ANL-KMMT, ANL-KMM92, ANL-KM95

Please find enclosed an actuarial memorandum supporting a 30% rate increase for pooled major medical forms ANL-KMMT, ANL-KMM92, ANL-KM95 to be effective on September 15, 2008. This rate increase would affect inforce

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policyholders only, as these forms are no longer being sold. This increase would not be implemented prior to written approval from your department and our proper notification of policyholders. Please note that no policyholder will receive a rate increase more frequently than twelve months since his/her last rate increase.

Anticipated loss ratio information and adjusted rate schedules are also included with this submission. There are currently 27 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 Life Insurance Company of Texas CoCode: 71773 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: 75-1016594

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form times 3 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of	\$150.00	07/28/2008	21621289

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Texas
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Texas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/12/2008	08/12/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/11/2008	08/11/2008	Andrea Link	08/12/2008	08/12/2008

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Disposition

Disposition Date: 08/12/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases 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 Life Insurance Company of Texas	30.000%	\$69,543	27	\$231,809	30.000%	30.000%	30.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Rate (revised)	Proposed Rates	Approved-Closed	Yes
Rate	Proposed Rates	Withdrawn	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/11/2008
Submitted Date 08/11/2008
Respond By Date

Dear Andrea Link,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: Our Department has reviewed you request for a 30% rate increase on this submission.

Based on the fact that the Arkansas experience is not credible, the policyholders have received approximately 7 increases since 2000, and the impact that another increase would have on the insureds, our Department will consider no more than a 15% increase in lieu of the 30% requested.

if you accept the 15% increase, please provide us with an amended actuarial memorandum along with the adjusted rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/12/2008
Submitted Date 08/12/2008

Dear Rosalind Minor,

Comments:

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Response 1

Comments: We will accept the 15% rate increase. Please find the revised memorandum and rates attached. Thank you.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has reviewed you request for a 30% rate increase on this submission.

Based on the fact that the Arkansas experience is not credible, the policyholders have received approximately 7 increases since 2000, and the impact that another increase would have on the insureds, our Department will consider no more than a 15% increase in lieu of the 30% requested.

if you accept the 15% increase, please provide us with an amended actuarial memorandum along with the adjusted rates.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Proposed Rates ANL-KMMT, ANL-KMM92, Revised Previous State Filing Number
ANL-KM95

Percent Rate Change Request

15

Previous Version

Proposed Rates ANL-KMMT, ANL-KMM92, Revised Previous State Filing Number
ANL-KM95

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Percent Rate Change Request

30

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Sincerely,
Andrea Link

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Rate Information

Rate data applies to filing.

Filing Method: Electronic
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 17.000%
Effective Date of Last Rate Revision: 10/01/2007
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 Life Insurance Company of Texas	30.000%	30.000%	\$69,543	27	\$231,809	30.000%	30.000%