

SERFF Tracking Number: ANTX-126045346 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 41649
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: ANICO Medicare Supplement
Project Name/Number: Multiple Policy Annual Report/Multiple Policy Report

Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO Medicare Supplement SERFF Tr Num: ANTX-126045346 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 41649

Sub-TOI: MS06.000 Medicare Supplement - Co Tr Num: State Status: Filed-Closed

Other

Filing Type: Form

Co Status:

Reviewer(s): Stephanie Fowler

Author: Tommie Geddes

Disposition Date: 02/25/2009

Date Submitted: 02/24/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Multiple Policy Annual Report

Status of Filing in Domicile: Pending

Project Number: Multiple Policy Report

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/25/2009

Explanation for Other Group Market Type:

State Status Changed: 02/25/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Annual Medicare Supplement Multiple Policy Report

Company and Contact

Filing Contact Information

Tommie Sue Geddes, Compliance Analyst

tommiesue.geddes@anico.com

One Moody Plaza 17th Floor

(409) 766-6864 [Phone]

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Galveston, TX 77550 (409) 766-6526[FAX]

Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas
One Moody Plaza 17th Floor Group Code: 408 Company Type: Health Insurance
Galveston, TX 77573 Group Name: State ID Number:
(409) 621-7779 ext. [Phone] FEIN Number: 74-0484030

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$0.00	02/24/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	02/25/2009	02/25/2009

SERFF Tracking Number: *ANTX-126045346* *State:* *Arkansas*
Filing Company: *American National Insurance Company* *State Tracking Number:* *41649*
Company Tracking Number:
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *ANICO Medicare Supplement*
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Disposition

Disposition Date: 02/25/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Report	Filed	Yes

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification 02/23/2009
Bypass Reason: n/a
Comments:

Review Status:
Bypassed -Name: Application 02/23/2009
Bypass Reason: n/a
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 02/23/2009
Bypass Reason: n/a
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 02/23/2009
Bypass Reason: n/a
Comments:

Review Status:
Satisfied -Name: Cover Letter Accepted for Informational Purposes 02/25/2009
Comments:
Attachment:
 AR Cover Let.pdf

Review Status:
Satisfied -Name: Report Filed 02/25/2009
Comments:
Attachment:
 FORM Med Sup Dupl Policy ANICO.pdf



AMERICAN NATIONAL INSURANCE COMPANY

CHARLES J. JONES, VICE PRESIDENT, HEALTH ADMINISTRATION
ONE MOODY PLAZA GALVESTON, TEXAS 77550-7999
BUS: (409) 766-6657 FAX: (409) 766-6005 E-mail: charles.jones@anico.com

February 21, 2009

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 W. Third Street
Little Rock Arkansas 72201-1904

RE: Medicare Supplement Multiple Policy Report
American National Life Insurance Company/NAIC #71773

Dear Commissioner:

The reference report is enclosed in accordance with your requirements. Please contact me if you have questions about it.

Yours truly,

Charles J. Jones
Vice President, Health Administration

Enclosure

FORM FOR REPORTING MULTIPLE
MEDICARE SUPPLEMENT POLICIES
FOR 2008

COMPANY NAME: American National Insurance Company

ADDRESS: One Moody Plaza
Galveston, Texas 77550

PHONE NUMBER: 409-766-6657
DUE: MARCH 1 ANNUALLY

THE PURPOSE OF THIS FORM IS TO REPORT THE FOLLOWING INFORMATION ON EACH RESIDENT OF THIS STATE WHO HAS IN FORCE MORE THAN ONE MEDICARE SUPPLEMENT POLICY OR CERTIFICATE. THE INFORMATION IS TO BE GROUPED BY INDIVIDUAL POLICYHOLDER.

POLICY AND CERTIFICATE #	DATE OF ISSUANCE
NONE	



SIGNATURE

Charles J. Jones, Vice President - Health Administration
NAME AND TITLE (PLEASE PRINT)

February 20, 2009
DATE

Charles J. Jones
Vice President, Health Administration