

<i>SERFF Tracking Number:</i>	<i>AMNH-126117718</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>42385</i>
<i>Company Tracking Number:</i>	<i>ANIPSMC09</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 Pre-Std Med Supp</i>		
<i>Project Name/Number:</i>	<i>ANICO PSMC/2009</i>		

## Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO Pre-Std Med Supp      SERFF Tr Num: AMNH-126117718      State: ArkansasLH

TOI: MS021 Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed      State Tr Num: 42385

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized      Co Tr Num: ANIPSMC09      State Status: Approved-Closed

Filing Type: Rate	Co Status:	Reviewer(s): Stephanie Fowler
	Author: Andrea Link	Disposition Date: 05/22/2009
	Date Submitted: 05/14/2009	Disposition Status: Approved-Closed

Implementation Date Requested:      Implementation Date:

State Filing Description:

## General Information

Project Name: ANICO PSMC

Project Number: 2009

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/22/2009

Deemer Date:

Filing Description:

Annual Filing of Pre-Standardized Medicare Supplement Rates

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:

Explanation for Other Group Market Type:

State Status Changed: 05/22/2009

Corresponding Filing Tracking Number:

*SERFF Tracking Number:* AMNH-126117718      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 42385  
*Company Tracking Number:* ANIPSMC09  
*TOI:* MS021 Individual Medicare Supplement - Pre-Standardized      *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized  
*Product Name:* ANICO Pre-Std Med Supp  
*Project Name/Number:* ANICO PSMC/2009

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$50.00	05/14/2009	27877264

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	05/22/2009	05/22/2009

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## Disposition

Disposition Date: 05/22/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. No increase was requested.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National Insurance Company	0.000%	0.000%	\$0	2	\$2,381	0.000%	0.000%

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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>Rate</b>	Current Rates	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Electronic  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 6.000%  
**Effective Date of Last Rate Revision:**  
**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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National Insurance Company	0.000%	0.000%	\$0	2	\$2,381	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Current Rates	GMS-2, GMS-3	Other	Previous State Filing Number: Percent Rate Change Request:	AR Rates.pdf

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

MALE OR FEMALE

**Current Rates**

ANNUAL  
PREMIUM

1,728.63

**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  
1,743.31

**PROPOSED RATES**

ANNUAL  
PREMIUM  
1,743.31