

SERFF Tracking Number: AMNA-126199892 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 42780
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: GUFDA-IRC
Project Name/Number: /

Filing at a Glance

Company: American National Insurance Company

Product Name: GUFDA-IRC

SERFF Tr Num: AMNA-126199892 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 42780

Sub-TOI: A10.000 Annuities - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Tracey Johnfroe

Disposition Date: 06/30/2009

Date Submitted: 06/29/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/30/2009

Explanation for Other Group Market Type:

State Status Changed: 06/30/2009

Deemer Date:

Created By: Tracey Johnfroe

Submitted By: Tracey Johnfroe

Corresponding Filing Tracking Number:

Filing Description:

American National Insurance Company

Filing of Form 4652 –Group Unallocated Deferred Annuity Application and Form GUFDA-IRC, Endorsement

NAIC: 60739 FEIN: 74-0484030

SERFF Tracking Number AMNA-126199892

Greetings Sir or Madam,

Please find the above referenced forms attached for your department's review and approval. Form 4652 was previously approved by your department on June 30, 1999. Form GUFDA-IRC is a new form and will not replace any other forms.

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These forms were filed EXEMPT in Texas, our state of domicile, under Chapter 28 Texas Administrative Code (TAC) Article 3.4004 (c).

Form 4652 is the application used when applying for our group deferred unallocated annuity DAGA99, which was also approved by your department on June 30, 1999. The change to this application is the addition of the section titled Internal Revenue Code Tax Plan. The items available to select are Pension Plan (Defined benefit, Profit Sharing or 401 (k)), 403(b) and 409(a) – 415(m).

Form GUFDA-IRC is an endorsement that defines the term 'plan' and provides information pertaining to the Internal Revenue Code. This endorsement will be made part of the contract when the applicant/owner of the DAGA99 annuity selects either the 403(b) or 409(a) - 415(m) on the application.

Additional components / information associated with this filing are as follows and have been enclosed (when applicable) for your review:

- Payment for the required filing fee has been transmitted via EFT through SERFF in the amount of \$100.
- Statement of Variability
- Readability
- Certification of Compliance

Should any additional information be required, or if there are any questions, please contact me at phone number (409) 763-4661 X 5438 or e-mail address tracey.johnfroe@anico.com.

Company and Contact

Filing Contact Information

Tracey Johnfroe, Life Policy Analyst
One Moody Plaza
Actuarial Product Development
14th Floor
Galveston, TX 77550

Tracey.Johnfroe@ANICO.com
409-463-4661 [Phone] 5438 [Ext]
709-766-6933 [FAX]

Filing Company Information

American National Insurance Company
One Moody Plaza
Galveston, TX 77550
(409) 763-4661 ext. [Phone]

CoCode: 60739
Group Code: 408
Group Name:
FEIN Number: 74-0484030

State of Domicile: Texas
Company Type:
State ID Number:

SERFF Tracking Number: AMNA-126199892 *State:* Arkansas
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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Retaliatory fee for 2 exempt forms:
 \$50 x 2 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	06/29/2009	28864396

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2009	06/30/2009

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Product Name: GUFDA-IRC
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Disposition

Disposition Date: 06/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		No
Supporting Document	Certification of Compliance		No
Form	Internal Revenue Code Tax Plan		No
	Endorsement		
Form	Group Unallocated Deferred Annuity application		No

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Form Schedule

Lead Form Number: GUFDA-IRC

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form GUFDA-IRC	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Form GUFDA-IRC.pdf
	Form 4652	Application/Group Enrollment Form Unallocated Deferred Annuity application	Initial			Form 4652.pdf



AMERICAN NATIONAL LIFE INSURANCE COMPANY

HOME OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]
TELEPHONE NUMBER [(409) 763 - 4661]

INTERNAL REVENUE CODE TAX PLAN ENDORSEMENT

This Endorsement is made part of the Contract to which it is attached and this Endorsement modifies and supersedes any conflicting provisions of the Contract to which it is attached. The term "Plan" as used in the Contract is amended to read as follows:

"Plan" means the tax plan which is maintained by an Employer, and which meets the requirements of Section 401(a) of the Internal Revenue Code, or Section 403(b) of the Internal Revenue Code or Section 409 (a) and Section 415 (m) of the Internal Revenue Code.

If the Contract Owner or Employer has purchased this annuity contract as part of Code Section 403(b) Plan, the Contract is amended as follows:

- (a) **CONTRACT NONTRANSFERABLE:** This Contract is non-forfeitable and nontransferable.
- (b) **CONTRACT LOANS:** The Contract does not provide for loans. Withdrawals may be taken from the Contract and reported as loans if loans are permitted under the Contract owner's 403(b) Plan. The Contract Owner is responsible for administering and keeping records of all loans requested by participants.
- (c) **CONTRACT PREMIUMS:** Contract premiums, subject to the provision of the Contract, including premiums paid pursuant to a salary reduction agreement, may not exceed in any taxable year the limits contained in Code Sections 415 or 403(b) or 402(g)(4), nor may they exceed the incidental death benefit rules under section 1.401-b(b)(1)(i) of the Income Tax Regulations.
- (d) **DISTRIBUTION OF BENEFITS:** Pursuant to the requirements of Code Section 403(b)(11), no Contract withdrawal shall be made until the Participant dies, is disabled (within the meaning of Code Section 72(m)(7), severs employment or attains age 59 ½. Except as otherwise provided under Code Section 401(a)(9), payment of benefits under this Contract must begin no later than April 1 of the calendar year following the later of (a) the calendar year in which the Participant attains age 70 ½ or (b) the calendar year in which the Participant retires.

All distributions from the Contract to the Participant, the Participant's surviving spouse or the Participant's former spouse as alternate payee under a qualified domestic relations order are eligible rollover distributions except for:

- annuities paid over life or life expectancy;
- installments paid for ten years or more;
- minimum distributions required by the Code;
- hardship distributions; and
- except as otherwise provided in Code Section 402(c), taxable distributions.

A payee of an eligible rollover distribution may elect to have the distribution paid directly to an eligible retirement plan. An eligible retirement plan is an individual retirement account described in Code Section 403(b), an annuity plan described in Code Section 403(a), a qualified trust described in Code Section 457(b) maintained by an eligible governmental employer which agrees to separately account for amounts transferred into such plan from this plan. If the Participant does not elect this direct rollover option, any taxable eligible rollover distribution is subject to a mandatory 20% federal income tax withholding.

- (e) **REQUIRED DISTRIBUTIONS:** All distributions under this Contract will be determined and made in accordance with the requirements of Code Section 401(a)(9).
- (f) **NORMAL AND OPTIONAL FORMS OF BENEFIT:** If this Contract is issued under a plan subject to ERISA, the normal form of benefit for payments under this Contract is a Joint and 50% Survivor Annuity for a married Participant and a Single Life Annuity for an unmarried Participant. If this Contract is not issued under a plan subject to ERISA, or the Participant and the Participant's spouse, if any, waive the normal form of benefit pursuant to an election that satisfies the requirements of ERISA Section 205 and applicable regulations, the Participant's benefit may be paid in any form permitted by the contract.
- (g) **DEATH BENEFITS:** Subject to any applicable statutory requirement for payment of a pre-retirement surviving spouse's benefit as defined in ERISA Section 205(e), the death benefits payable under the Contract shall be paid in the event of the Participant's death.
- (h) **ASSIGNMENT OF BENEFITS:** Except as provided in a Qualified Domestic Relations Order that complies with the requirements under Code Section 414(p), or as otherwise permitted under Code Section 414(p), this Contract may not be transferred, sold, assigned, discounted or pledged for any purpose to anyone except American National Insurance Company. All amounts payable under this Contract shall be paid only to the person entitled to them, and all such payments shall be paid directly to such person and not to any other person or corporation.
- (i) **TAX LAW COMPLIANCE:** Issuance of this Contract is conditioned on the Contract Owner agreeing to be responsible for compliance with the provisions and limitations of this Endorsement and Code Section 403(b). The Contract Owner is solely responsible for assuring that the Contract and the Plan comply with Code Section 403(b).

Signed for American National Insurance Company, at Galveston, Texas, on the Effective Date as stated on the Contract.



SECRETARY



PRESIDENT



Group Unallocated Deferred Annuity

Issued by American National Insurance Company
One Moody Plaza, Galveston, TX 77550-7999

1. Proposed Contract Owner and Name of Plan

- a. Name(s) of Trustees(s) 1. _____
2. _____
3. _____
(give all trustees' names)

and (his) (her) (their) successors(s) in trust, as Trustee(s) for _____

(print full legal name of Plan and Trust)

b. Trustee's Address: _____

c. Trust's Tax Identification Number _____ - _____

2. a. Name of Employer _____

b. Use Trustee's Address

If Different:

Employer's Address: _____

- c. Type of Entity: 1. Sole Proprietorship
 2. Partnership
 3. C Corporation
 4. S Corporation
 5. Other _____

d. Additional Participating Employer(s):

1. Name(s): _____
2. Address(es): _____

3. Internal Revenue Code Tax Plan: Pension Plan (Defined Benefit, Profit Sharing or 401(k))
 403(b)
 409(a) - 415(m)



4. Contributions

a. Initial Contribution \$ _____

b. Anticipated Additional Lump Sum Contribution \$ _____

c. Anticipated Annual Contribution \$ _____

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this Application shall form a part of any Contract issued and shall constitute the basis for its issue. I (We) agree that no information acquired by any agent of American National Insurance Company (the "Company") shall bind the Company unless written on this Application. I (We) agree that payment of the Initial Contribution will be submitted to the Company with the Application. I (We) agree acceptance of the Application on behalf of the Company will only be effective if: (I) acceptance is made in writing by an officer of the Company at its Home Office in Galveston, Texas, and (ii) any check given in payment is paid on presentment to the bank on which it is drawn. I (We) agree upon acceptance of the application by the Company as herein above set forth, the Effective Date of the Contract will be the date indicated below on which the Application is signed by the proposed Contract Owner. I (We) agree that the Company is entitled to rely upon the written direction of any one Trustee. The Company is further entitled to rely upon the continuing authority of each Trustee who has signed this Application until the Company receives a written notice, sent by registered or certified mail, certified by the Secretary of the Employer, of a resolution adopted by such Employer regarding the removal of such Trustee.

Dated at _____, _____ this _____ day of _____.

Signature of Proposed Contract Owner

Trustee(s):

Trustee

Trustee

Witness

Trustee

Signature of Agent

Agent's Name (printed) & State License # (if required)

Agent's PC# B/O SS#

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application is being filed with changes. See the Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is not a policy filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: 4652 Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Compliance		
Comments:		
Attachment: AR - Certification of Compliance.pdf		



READABILITY CERTIFICATION

We hereby certify that the following form(s) meet the requirements of the Readability Insurance Policies Act.

The form listed below was scored with the policy form with which it would be used, and certify that the score achieved was at least 50.0.

<u>Form</u>	<u>Form Name</u>
Form GUFDA-IRC	Internal Revenue Code Tax Plan Endorsement
Form 4652	Group Unallocated Deferred Annuity application

Rex D. Hemme
Vice President & Actuary
American National Insurance Company



AMERICAN NATIONAL INSURANCE COMPANY

Tracey Johnfroe, Life Policy Analyst
Product Development – Actuarial
One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tracey.johnfroe@ANICO.com
Phone: (409) 763-4661 x 5438
Fax: (409) 766-6933

EXPLANATION OF VARIABLE FIELDS WITHIN FORM 4652

The Application for Group Unallocated Deferred Annuity submitted contains the variable field as described below:

Mailing Address: This field will only be updated in the event the mailing address where applications are sent is changed.



AMERICAN NATIONAL INSURANCE COMPANY

**ARKANSAS
CERTIFICATION OF COMPLIANCE**

Form	Form Name	Type of Form
Form 4652	Group Unallocated Deferred Annuity application	Application
Form GUFDA-IRC	Internal Revenue Code Tax Plan Endorsement	Endorsement

The Company has reviewed the captioned form(s) above and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19

Rule & Regulation 49

ACA 23-79-138 and Bulletin 11-88

ACA 23-80-206 (Flesch Certification, minimum of 40)

Rex D. Hemme

Vice President & Actuary

American National Insurance Company