

SERFF Tracking Number: AMNA-126220028 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 42970
Company Tracking Number: FORM E20YT09
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Form E20YT09
Project Name/Number: Form E20YT09/

Filing at a Glance

Company: American National Insurance Company

Product Name: Form E20YT09

SERFF Tr Num: AMNA-126220028 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 42970

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: FORM E20YT09

State Status: Approved-Closed

Filing Type: Form

Author: Tracey Johnfroe

Reviewer(s): Linda Bird

Date Submitted: 07/17/2009

Disposition Date: 07/27/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form E20YT09

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: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/27/2009

Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:

Created By: Tracey Johnfroe

Submitted By: Tracey Johnfroe

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Insurance Department

Compliance - Life and Health

1200 West Third Street

Little Rock AR 72201-1904

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030)

Filing of Form E20YT09(10) – Individual Term Life Policy

SERFF Tracking Number: AMNA – AMNA-126220028

SERFF Tracking Number: AMNA-126220028 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 42970
Company Tracking Number: FORM E20YT09
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Form E20YT09
Project Name/Number: Form E20YT09/

Company Tracking Number: E20YT09

Sir or Madam

Please find attached the above mentioned policy form for your department's review and approval. This is a new form and will not replace any previously approved form. This form is being filed as Exempt in Texas, our domicile state on this same date.

Form E20YT09(10) is an individual term life insurance policy with a 20 year level premium period and is annually renewable thereafter to age 95. Premiums are guaranteed during the level premium period and will increase annually thereafter. Issue ages for this policy are 20 to 60 and a minimum face amount of \$ 100,000 is required. This product is sold on a sex distinct basis. We confirm that the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

This policy is convertible. The conversion expiry date is the policy anniversary following the insured's 65th birthday. Before the conversion expiry date, the policy will allow conversions to any permanent life insurance policy offered by us on the date of conversion.

This policy form does not contain any unique or innovative features.

Additional information is provided / attached below:

- Payment for the required filing fee in the amount of \$ 100 was submitted via EFT with this filing.
- Statement of Variability
- Actuarial Memorandum
- Certification of Compliance
- Application form 10193-AR will be used to apply for this product. It was approved by your department on March 2, 2009 under SERFF Tracking Number AMNA-125968137.

Company and Contact

Filing Contact Information

Tracey Johnfroe, Life Policy Analyst Tracey.Johnfroe@ANICO.com
One Moody Plaza 409-463-4661 [Phone] 5438 [Ext]
Actuarial Product Development 709-766-6933 [FAX]
14th Floor
Galveston, TX 77550

Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas

SERFF Tracking Number: AMNA-126220028 State: Arkansas
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 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life

 Product Name: Form E20YT09
 Project Name/Number: Form E20YT09/
 One Moody Plaza Group Code: 408 Company Type:
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 763-4661 ext. [Phone] FEIN Number: 74-0484030

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	07/17/2009	29270616

SERFF Tracking Number: AMNA-126220028 State: Arkansas
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Product Name: Form E20YT09
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/27/2009	07/27/2009

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Product Name: Form E20YT09
Project Name/Number: Form E20YT09/

Disposition

Disposition Date: 07/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: Form E20YT09(10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form E20YT09(10)	Policy/Contractual Certificate	Annual Renewable to Initial Age 95 Thereafter Policy			50.500	Form E20YT09(10).pdf

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Additional benefits and riders (if any) and a copy of the Application and any Supplemental Applications follow this Policy.

DATA PAGE

POLICY NUMBER	[12345678]	[JANUARY 1, 2009]	ISSUE DATE
OWNER	[JOHN ANICO]	[\$ 100,000]	FACE AMOUNT

INSURED

INSURED NAME	[JOHN OWNER]	[35]	ISSUE AGE
CLASS	[STANDARD NICOTINE NON-USER]	[MALE]	SEX
[RATING]	[RATING TYPE]	[RATING EXPIRY DATE]	[RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION	FORM	INITIAL ANNUAL PREMIUM	YEARS PAYABLE
20 YEAR TERM TO AGE 95	Form E20YT09[(XX)]	[\$ 199.00]	[60]
Guaranteed Period	20 Years		
Term Expiry Date	[January 1, 2069]		
Conversion Expiry Date	[January 1, 2029]		

TOTAL INITIAL ANNUAL PREMIUM [\$ 199.00]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD
INCLUDES PREMIUMS FOR E20YT09 AND ANY RIDERS
YOU CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	SPECIAL MONTHLY
[\$ 199.00]	[\$ 102.49]	[\$ 52.74]	[\$ 18.51]	[\$ 17.19]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD** PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

ANNUAL POLICY FEE \$ 75.00

BASIS OF CALCULATIONS

RESERVE INTEREST RATE 4.00 %

MORTALITY TABLE

RESERVES ARE CALCULATED USING THE 2001 CSO ALB SELECT AND ULTIMATE MORTALITY TABLE FOR INSURED'S GENDER AND TOBACCO USE CLASS. ALL CALCULATIONS ASSUME CONTINUOUS FUNCTIONS BASED ON AGE LAST BIRTHDAY.

DATA PAGE CONTINUED

POLICY NUMBER

[12345678]

INSURED

[JOHN ANICO]

[MALE]

[35]

TABLE OF RENEWAL PREMIUMS

AGE AT RENEWAL	GUARANTEED MAXIMUM ANNUAL PREMIUM	AGE AT RENEWAL	GUARANTEED MAXIMUM ANNUAL PREMIUM	AGE AT RENEWAL	GUARANTEED MAXIMUM ANNUAL PREMIUM
36	\$ 199.00	56	\$1,917.00	76	\$13,314.00
37	\$ 199.00	57	\$2,124.00	77	\$14,742.00
38	\$ 199.00	58	\$2,301.00	78	\$16,410.00
39	\$ 199.00	59	\$2,505.00	79	\$18,336.00
40	\$ 199.00	60	\$2,751.00	80	\$20,436.00
41	\$ 199.00	61	\$3,051.00	81	\$22,827.00
42	\$ 199.00	62	\$3,417.00	82	\$25,317.00
43	\$ 199.00	63	\$3,828.00	83	\$28,002.00
44	\$ 199.00	64	\$4,260.00	84	\$30,975.00
45	\$ 199.00	65	\$4,716.00	85	\$34,296.00
46	\$ 199.00	66	\$5,178.00	86	\$37,977.00
47	\$ 199.00	67	\$5,646.00	87	\$41,997.00
48	\$ 199.00	68	\$6,150.00	88	\$46,305.00
49	\$ 199.00	69	\$6,672.00	89	\$50,850.00
50	\$ 199.00	70	\$7,305.00	90	\$55,593.00
51	\$ 199.00	71	\$8,013.00	91	\$60,054.00
52	\$ 199.00	72	\$8,943.00	92	\$64,704.00
53	\$ 199.00	73	\$9,924.00	93	\$69,609.00
54	\$ 199.00	74	\$10,956.00	94	\$74,790.00
55	\$ 1,7250.00	75	\$12,084.00]

CONTRACT AND INTERESTED PERSONS

ENTIRE CONTRACT AND REPRESENTATIONS. This Policy, any endorsements or riders, and the attached Application form the entire contract. The term "Application" includes the document so labeled and any supplemental applications or applications for riders or additional benefits or reinstatements. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used in defense of a claim under it unless:

- (1) it is contained in the written Application for this Policy or a rider; and
- (2) a copy of the Application is attached to the Policy at the Issue Date or upon the addition of any rider or upon reinstatement.

EFFECTIVE DATE. This Policy takes effect on the Issue Date shown or as soon thereafter as the first premium has been paid and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

Policy Years, Policy Months, and anniversaries are measured from the Issue Date. Any addition of a rider or Reinstatement of coverage will take effect on the Monthly Anniversary which coincides with or next follows the date We approve an Application or for Reinstatement of this Policy.

OWNER. The Owner ("You", "Your") is named on the Data Page. Before termination of the Policy, as stated in the Termination and Reinstatement provision, You may exercise the rights of Ownership given by this Policy. If You are a minor, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of Ownership. If You die while the Insured is living, Ownership will pass to the Contingent Owner if named. If there is no Contingent Owner, Ownership passes to the Owner's estate.

All rights of the Owner, the Contingent Owner, and the Beneficiary are secondary to the rights of:

- (1) any Assignee of record; and
- (2) any Irrevocable Beneficiary.

INSURED. The person on whose death the Death Benefit will be paid and who is named as such on the Data Page. The Insured has no Ownership rights under this Policy unless the Owner and the Insured are the same person or unless the Owner is not legally competent.

BENEFICIARY. The Beneficiary is the person named to receive the Death Benefit of this Policy in the event of the Insured's death. The initial Beneficiary is designated in the Application. If changed, the Beneficiary is as shown in the latest change filed with and recorded by Us.

BENEFICIARY INTEREST. Beneficiaries will be designated as primary (first) and contingent (second or secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or second are in a different class and will not share in the Proceeds of a death claim unless no Beneficiary named as first survives the Insured as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our Home Office:

- (1) two or more members or the same class will share Proceeds equally;
- (2) surviving class members will share equally the Proceeds to which a deceased Beneficiary would have been entitled, and
- (3) if no Beneficiary survives the Insured, Proceeds will be paid to the Your estate.

A Beneficiary will not share in any Proceeds or benefits if:

- (1) The Beneficiary dies within 30 days after the Insured's Death; and
- (2) Our Home Office has not received Proof of Death of the Insured.

If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiaries' interests are secondary to any Assignment on record at the Home Office.

CHANGE OF BENEFICIARY. If there is no Assignee or Irrevocable Beneficiary, You may change a Beneficiary by filing a written request in a form acceptable to Us at Our Home Office. A change will not take **effect** until We receive Your written request and record the change at the Home Office. Once recorded, the change will be effective as of the date You signed the request. The change is subordinate to:

- (1) the rights of an Assignee of record; and
- (2) the rights of an Irrevocable Beneficiary.

IRREVOCABLE BENEFICIARY. A permanent Beneficiary whose rights under the Policy cannot be changed without his or her consent.

ASSIGNEE. This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and of the Owner.

DEFINITION OF TERMS

NATURAL PERSON. A human being only and not a trust, a corporation, or any other legally recognized entity.

PAYEE. A person to whom any of the Proceeds of this Policy and any riders are payable.

POLICY MONTH. The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month. This date is also referred to as the Monthly Anniversary.

POLICY YEAR. The period beginning on the Issue Date and ending one year later and each succeeding one year period.

PROOF OF DEATH. Includes all of the following:

- (1) a certified death certificate;
- (2) a claimant statement;
- (3) the Policy; and
- (4) any other information We may reasonably require to establish the validity of the claim.

TERM EXPIRY DATE. The date shown on the Data Page.

GENERAL PROVISIONS

CONFORMITY WITH STATE LAW. This Policy is subject to the laws of the jurisdiction where it is delivered. If any provision of this Policy is contrary to any such law, such provision is amended to conform to the minimum standards of such law.

NONPARTICIPATING POLICY. This Policy is nonparticipating. It does not share in Our profits or surplus.

INCONTESTABILITY. This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, except for nonpayment of premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death which may be contested at any time.

An addition of a rider after the Policy's Issue Date or Reinstatement, shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement, except as to any nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, which may be contested at any time.

We may only contest this Policy under this paragraph based on material misstatements or omissions in the Application, Supplemental Application, or Reinstatement Application.

SUICIDE. If the Insured, whether sane or insane, dies from Suicide within 2 years from the issue Date of this Policy, We are liable only for return of any premiums received.

The provisions of this paragraph shall also apply to an addition of a rider. For two years following the date of an addition, We shall be liable only for the return of the premiums paid, if any, which result from such addition.

MISSTATEMENT OF AGE OR SEX. If there is a misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the most recent premium at the correct age and sex.

ASSIGNMENT. No Assignment will bind Us until recorded at Our Home Office. We are not obligated to determine that an Assignment is valid or sufficient. Any claim by an Assignee is subject to proof of the validity and extent of the Assignee's interest in the Policy. Unless otherwise specified by the Owner, Assignments shall take effect on the date the notice of Assignment is signed by the Owner, subject to any payments made or actions taken by Us.

POWER TO MODIFY. Only Our president or secretary has the power to:

- (1) change this Policy;
- (2) extend the time for payment of premiums; or
- (3) waive any Policy provisions.

Any change in the Policy will be by endorsement signed by one of the above-named officers.

NOTICES. All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy or any attached rider must be mailed or delivered to Our Home Office in Galveston, Texas.

BASIS OF COMPUTATIONS. Reserve calculations are based on the mortality tables shown on the Data Page.

PREMIUMS

PREMIUM PAYMENT. Premiums will be payable in advance of coverage being effective:

- (1) while the Insured is living;
- (2) starting on the Issue Date;
- (3) during the premium period shown on the Policy Data Page; and
- (4) at the premium mode and amount shown on the Policy Data Page.

Premiums are payable to the Home Office, or to the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the President or Secretary and will be countersigned by the agent. The premium payment mode may be changed with Our consent upon written request.

Premiums are guaranteed to remain level and not change during the Guaranteed Period shown on the Data Page.

MONTHLY PREMIUMS. A monthly premium mode is available only if premiums are paid by one of the following methods:

- (1) Pre-authorized Pay Method. Under this method, We will present a pre-authorized deduction against your bank account.
 - (a) in the amount of the premium;
 - (b) to a bank acceptable to both You and Us;
 - (c) with the understanding that such pre-authorized deduction is accepted subject to its being honored when presented for payment; and
 - (d) with the understanding that We are not obligated to present any pre-authorized deduction more than once to the bank.

If for any reason a pre-authorized deduction is not honored when presented for payment:

- (a) that deduction will continue to be Your obligation;
- (b) the premium represented by the dishonored deduction will not have been paid;
- (c) We will not present any further pre-authorized deductions for payment; and
- (d) We will discontinue this method of premium payment.

(2) Salary Deduction Method. Under the Salary Deduction Method, Your employer deducts premiums from Your salary. There must be a salary deduction agreement in effect between Us and the Your employer. It is the responsibility of Your employer to send the premium in the proper amount directly to Us. If Your employer fails to send the proper premium amount to Us:

- (a) the premium due will not have been paid; and
- (b) We will discontinue this method of premium payment.

Either You or We can choose to stop either the Pre-authorized Pay Method or the Salary Deduction Method by giving the other party 30 days prior written notice.

If the Monthly Premiums are stopped for any reason, the premiums already due or becoming due must be paid by one of the other modes offered by Us. Further premiums may be paid by the Monthly Premium Method only with Our consent.

Any monthly premium payment not paid when due under either payment method starts the Grace Period provision.

RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD

After the Guaranteed Period shown on the Policy Data Page, You may renew this Policy for successive one year periods until the Policy anniversary following the Insured's 95th birthday. The premium amount will increase annually after the Guaranteed Period. If this Policy is not renewed, all insurance under this Policy shall cease at that time.

The right to renew this Policy is subject to the following conditions:

- (1) this Policy must be in full force and effect at the time of renewal;
- (2) benefits for disability and accidental death, if any, are renewable, subject to the terms and conditions of expiry in the provisions of those benefits; and
- (3) the first premium of the renewal period is paid within the Grace Period for the next premium due as of the end of the prior year term period.

If the Insured dies within 31 days after a Policy Anniversary on which the Policy could be renewed, the Policy will be:

- (1) automatically renewed; and
- (2) the amount payable under this Policy will be reduced by one month's premium at the Insured's Attained Age as of the date of death.

The Guaranteed Maximum Annual Premium is shown on the Policy Data Page for each renewal age. No evidence of insurability will be needed to renew the Policy. We reserve the right to reduce or increase the current premium. In no event will a premium charged be greater than the Guaranteed Maximum Annual Premium. Any change in premium will be on a uniform basis for Insureds of the same age, sex, and underwriting classification whose policies have been in force for the same length of time. Change in health or other risk factors after the Issue Date will not affect any change in premium.

LAPSE

LAPSE. If a premium is not paid within the Grace Period defined below, the Policy will terminate on the due date of the first premium in default.

GRACE PERIOD. A Grace Period of 31 days is granted for each payment of each premium after the first. The Policy stays in force during this period. If the Insured dies within the 31 days after the due date of the unpaid premium, one month's premium will be deducted from the Policy proceeds.

TERMINATION AND REINSTATEMENT

Coverage under this Policy will terminate on the first to occur of:

- (1) the Insured's death;
- (2) expiration of the Grace Period; or
- (3) the Term Expiry Date.

You may reinstate this Policy after it has lapsed. All of the following conditions must be met:

- (1) the reinstatement must be within 5 years of the date of lapse and before the Term Expiry Date;
- (2) You must give Us any facts We require to prove the Insured is insurability for the Policy; and
- (3) all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

CONVERTIBILITY

This Policy may be converted to an individual permanent life insurance Policy. You must send a written Application for Conversion to Us before the Conversion Expiry Date shown on the Policy Data Page.

Conversion must take place before the Conversion Expiry Date while the Policy is in full force and effect. You must send this Policy and the first full premium for the new Policy to Us with the Application for Conversion.

The new policy amount cannot exceed the Death Benefit of this Policy. The new Policy must be issued on a form available from Us on the conversion date. The new Policy will contain a Disability Premium Waiver Rider if:

- (1) it is a whole life Policy
- (2) the premiums are payable for life; and
- (3) this Policy contains a Disability Premium Waiver Rider that is in full force and effect.

If the new Policy contains a Disability Premium Waiver Rider, the benefit of that rider will not be effective unless:

- (1) the total disability started after the new Policy's Issue Date; and
- (2) the total disability is not the result of an injury, disease, or infection that occurred or existed before the new Policy's Issue Date.

If You request conversion to any other Policy form or that the converted Policy include any other insurance benefit, You must provide Us with any facts We require to prove the Insured is then insurable.

The new Policy will be:

- (1) effective on the conversion date at the Insured's then Attained Age; and
- (2) issued at premium rates used by Us on the conversion date for the Insured's mortality class as of the Issue Date of this Policy.

AUTOMATIC CONVERSION PROVISION

If this Policy contains a Disability Premium Waiver and premiums are being waived under it on the Conversion Expiry Date of this Policy, it will be automatically converted to a new Policy. The new Policy will be:

- (1) a whole life insurance Policy with premiums payable for life;
- (2) for an amount equal to the amount of the Death Benefit on this Policy;
- (3) effective on the Conversion Expiry Date of this Policy;
- (4) issued at the Insured's then Attained Age; and
- (5) issued on a form and at premium rates in use by the Company at the date of conversion.

We will waive premiums on the new Policy while total disability continues. If total disability ceases, any premiums due after the total disability ceases will be payable according to the terms of the new Policy.

PROCEEDS TO BE PAID

PAYMENT OF DEATH BENEFIT. Any proceeds payable under the terms of this Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy. The Proceeds are payable to the Beneficiary upon receipt by Us of satisfactory Proof of Death of the Insured while this Policy is in force and are equal to:

- (1) the Death Benefit; plus
- (2) any additional life insurance proceeds provided by any riders; plus
- (3) any premium paid by You past the end of the Policy Month of the Insured's death; minus
- (4) any unpaid Premium that may apply during a Grace Period.

If Death Benefit proceeds are not paid within thirty days from the date of Our receipt of due Proof of Death and determination of the right of the claimant to the Proceeds, then such Proceeds, including both the Death Benefit and any refund of premiums at death, will be paid with interest from the date of death to the date of payment. The interest will be calculated at an effective rate at least as great as required by law. Proceeds may be paid in one sum or under the Settlement Options provision of the Policy.

SETTLEMENT OPTIONS

AVAILABILITY OF SETTLEMENT OPTIONS. All or a part of the Death Benefit Proceeds may be applied to any of the following options. We will first discharge in a single sum any liability under an Assignment of the Policy and any applicable premium-related taxes, fees, or assessments imposed by any Federal, State, Municipal or other taxing authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected an option before the Insured's death, the Beneficiary may choose one.

Any settlement option election must be written in a form that satisfies Us. Our consent is required for any of the following:

- (1) any payment to joint or successive Payees;
- (2) any payment to a corporation, association, partnership, trustee, or estate; or
- (3) any change in an option previously elected.

We do not have to apply to an option a net sum payable of less than \$5,000 for any Payee.

SETTLEMENT OPTIONS. The Settlement Options Tables, referred to in this provision, begin on the next page. The Options are:

OPTION 1. Installments for a Fixed Period. Equal installments will be paid for a fixed number of years. The amount of the installments will be based on Table A. Installments will include interest at the effective rate of 1.5% per year. At Our option, additional interest may be paid.

OPTION 2. Installments for a Fixed Period and Life Thereafter. Equal Monthly installments will be paid for as long as the Payee lives with installments certain for a fixed period. The fixed period is 10 years under Table B or 20 years under Table C. Under Table D, there is no fixed period; the installments are payable as long as the Payee lives.

OPTION 3. Installments of a Fixed Amount. Equal annual, semi-annual, quarterly, or monthly installments will be paid. The sum of the installments paid in a year must be at least \$40.00 for each \$1,000.00 of the net sum payable. Installments will be paid until the total of the following amount is exhausted: (1) the net sum payable; plus (2) interest at the effective rate of 1.5% per year; plus (3) any additional interest that We may elect to pay. The final installment shall be the balance of the net sum payable plus interest, and may be more or less than the other installments.

OPTION 4. Interest Payment. We will hold the net sum payable at interest. Interest will be paid at the effective rate of 1.5% per year. Additional interest may be paid at Our option. On interest due dates, the payee may withdraw an amount of at least \$100.00 from the amount held by Us. If the amount We hold falls below \$2,000.00, We will pay the entire amount to the Payee.

GENERAL PROVISIONS RELATING TO SETTLEMENT OPTIONS. You may surrender the Contract at or before the commencement of any distribution. The first payment under Option 1, 2, or 3 is paid on the date the amount is applied to the option. The first payment under Option 4 is paid at the end of the first interest period. The first payment may be postponed for up to 10 years with Our consent. If so, the amount applied to the option will accumulate with compound interest at the effective rate of 1.5% per year. To avoid making payments of less than \$20.00 each, We can do either or both of the following:

- (1) change the payments to a quarterly, semi-annual, or annual basis; or
- (2) reduce the number of payments.

If You elect an option, You can withhold the Beneficiary's right to assign, encumber, or commute any unpaid amount.

Except to the extent permitted by law, unpaid amounts are not subject to any claims of a Beneficiary's creditor. In no case may life contingent payments under Option 2 be commuted. At Our option, payments under the other options may be commuted. When an option is commuted, the effective Interest Rate We used to compute the settlement option payment plus 1% will be used to calculate the discount.

If the Payee under Options 1, 2, 3, or 4 dies after payments under the option have started. We will:

- (1) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee's estate; or
- (2) under Options 3 and 4, pay any balance held by Us to the Payee's estate.

With Our consent, the option elected may provide for payment in another manner.

BASIS OF CALCULATIONS. The payment amounts illustrated in the Settlement Option Tables are based on the Annuity 2000 Mortality Table (no projection scale used) and 1.5% interest. The attained age of the Payee when the settlement option is elected will be adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.

SETTLEMENT OPTION TABLES

OPTION 1 – TABLE A
MONTHLY PAYMENTS FOR EACH \$1,000.00 OF THE NET SUM PAYABLE.

Multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment and by 11.868 to obtain the annual payment.

Years	Amount	Years	Amount	Years	Amount	Years	Amount	Years	Amount
1	\$83.90	7	\$12.53	13	\$7.05	19	\$5.03	25	\$3.99
2	42.26	8	11.04	14	6.59	20	4.81	26	3.86
3	28.39	9	9.89	15	6.20	21	4.62	27	3.75
4	21.45	10	8.96	16	5.85	22	4.44	28	3.64
5	17.28	11	8.21	17	5.55	23	4.28	29	3.54
6	14.51	12	7.58	18	5.27	24	4.13	30	3.44

OPTION 2 – TABLE B, C, AND D

MONTHLY PAYMENT FOR LIFE FOR EACH \$1,000.00 OF THE NET SUM PAYABLE

Age in years means age of payee on birthday prior to the due date of the first payment. For Tables B and C, multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment, and by 11.868 to obtain the annual payment. For Table D, amounts for payments other than monthly are available on request.

AGE IN YEARS	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	TABLE D Life Only	AGE IN YEARS	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	TABLE D Life Only
Male	Amount	Amount	Amount	Female	Amount	Amount	Amount
46	\$2.98	\$2.93	\$2.99	46	\$2.78	\$2.76	\$2.79
47	3.04	2.98	3.05	47	2.83	2.80	2.84
48	3.10	3.03	3.11	48	2.88	2.85	2.89
49	3.16	3.09	3.18	49	2.94	2.90	2.94
50	3.22	3.14	3.25	50	2.99	2.95	3.00
51	3.29	3.20	3.32	51	3.05	3.00	3.06
52	3.36	3.26	3.39	52	3.11	3.06	3.13
53	3.44	3.32	3.47	53	3.18	3.12	3.19
54	3.51	3.39	3.55	54	3.25	3.18	3.26
55	3.60	3.45	3.64	55	3.32	3.24	3.34
56	3.68	3.52	3.73	56	3.39	3.30	3.42
57	3.77	3.58	3.82	57	3.47	3.37	3.50
58	3.87	3.65	3.93	58	3.56	3.44	3.59
59	3.97	3.72	4.03	59	3.64	3.51	3.68
60	4.08	3.79	4.15	60	3.74	3.58	3.78
61	4.19	3.86	4.27	61	3.84	3.66	3.88
62	4.30	3.93	4.40	62	3.94	3.73	3.99
63	4.43	4.00	4.54	63	4.05	3.81	4.11
64	4.56	4.07	4.69	64	4.16	3.88	4.23
65	4.69	4.14	4.85	65	4.29	3.96	4.37
66	4.83	4.21	5.02	66	4.41	4.04	4.51
67	4.98	4.27	5.20	67	4.55	4.11	4.66
68	5.13	4.33	5.40	68	4.69	4.19	4.83
69	5.29	4.39	5.60	69	4.84	4.26	5.00
70	5.45	4.44	5.82	70	5.00	4.33	5.19
71	5.62	4.49	6.06	71	5.17	4.39	5.40
72	5.79	4.54	6.30	72	5.34	4.45	5.62
73	5.97	4.58	6.57	73	5.53	4.51	5.86
74	6.15	4.62	6.85	74	5.72	4.55	6.11
75	6.33	4.65	7.16	75	5.91	4.60	6.39
76	6.51	4.68	7.48	76	6.11	4.64	6.69
77	6.69	4.71	7.83	77	6.32	4.67	7.02
78	6.87	4.73	8.20	78	6.52	4.70	7.37
79	7.05	4.75	8.60	79	6.73	4.73	7.75
80**	7.23	4.76	9.02	80**	6.94	4.75	8.17

** and over

ALPHABETIC GUIDE TO POLICY PROVISIONS

Assignee ----- 4

Assignment----- 5

Availability of Settlement Options ----- 8

Basis of Calculations ----- 9

Basis of Computations----- 5

Beneficiary----- 3

Beneficiary Interest ----- 3

Change of Beneficiary ----- 4

Conformity with State Law ----- 4

Effective Date ----- 3

Entire Contract and Representations ----- 3

General Provisions Relating to Settlement Options ----- 9

Grace Period ----- 7

Incontestability----- 4

Insured ----- 3

Irrevocable Beneficiary ----- 4

Lapse ----- 7

Misstatement of Age or Sex----- 5

Monthly Premiums ----- 6

Natural Person----- 4

Nonparticipating Policy ----- 4

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Owner ----- 3

Payee ----- 4

Payment of Death Benefit ----- 8

Policy Month ----- 4

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Power to Modify----- 5

Premium Payment----- 5

Proof of Death----- 4

Settlement Options ----- 9

Suicide ----- 5

Term Expiry Date ----- 4



**AMERICAN NATIONAL INSURANCE COMPANY
A STOCK LIFE INSURANCE COMPANY**

Home Office: One Moody Plaza, Galveston, Texas 77550

**INDIVIDUAL TERM LIFE INSURANCE POLICY WITH 20 YEAR LEVEL PREMIUM PERIOD
ANNUAL RENEWABLE THEREAFTER TO AGE 95
CONVERTIBLE. NON-PARTICIPATING. NO DIVIDENDS.
PREMIUMS SUBJECT TO CHANGE.**

<i>SERFF Tracking Number:</i>	<i>AMNA-126220028</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>42970</i>
<i>Company Tracking Number:</i>	<i>FORM E20YT09</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Form E20YT09</i>		
<i>Project Name/Number:</i>	<i>Form E20YT09/</i>		

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Application Form 10193-AR will be used and was approved by your department on March 2, 2009 under SERFF filing number AMNA-125968137.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: AR - STATEMENT OF VARIABILITY.pdf		



CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, 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) – Form 10193-AR and supplemental documents listed below achieves a score of at least 50.0

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form E20YT09(10)	Annual Renewable to Age 95 Thereafter Policy	50.5

Rex D. Hemme

Vice President & Actuary

American National Insurance Company

tracey.johnfroe@anico.com

Phone: (409) 763-4661 x5222 Fax: (409) 766-6933



AMERICAN NATIONAL INSURANCE COMPANY

STATEMENT OF VARIABILITY

Form E20YT09(10):

The policy form submitted contains the following fields which are marked as variable. We would like to reserve the right to change the values within these fields in accordance with the published product standards.

Company address and telephone number, officer titles and signatures, and department of insurance contact information.

(Data Page)

The Specifications Page submitted for use with the policy form contains the following fields which are marked as variable. We would like to reserve the right to change the values within these fields in accordance with the published product standards.

Policy Number	Will display the policy number assigned to the issued policy.
Issue Date	Will display the date the policy was issued by the Company.
Owner	Will display the name of the Owner of the issued policy.
Face Amount	Will display the policy's elected death benefit amount. The minimum death benefit amount for the policy is: \$100,000 and there is no maximum issue limit.
Insured Name	Will display the name of the policy's Insured.
Issue Age	Will display the Insured's age at the time of issue of the policy.
Class	Will change to display the class of the Insured. The applicable values for this field are: Preferred Plus Nicotine Non-User Preferred Nicotine Non-User Standard Plus Nicotine Non-User Standard Nicotine Non-User Preferred Nicotine User Standard Nicotine User If there is a substandard rating on the insured the applicable values for this field are: Substandard Nicotine Non-User Substandard Nicotine User
Sex	Will display the Insured sex.
Rating	Any substandard rating will show or not show as applicable. The rating will be as "Table" or "Flat Extra" as appropriate. If there is no rating on the policy, this field will not print. If more than one rating is on a policy, this field will print for each rating.



AMERICAN NATIONAL INSURANCE COMPANY

Rating Expiry Date	If there is any applicable substandard rating the rating's expiry date will display to the right in clear association with the rating. If there is no rating on the policy, this field will not print. If more than one rating is on a policy, this field will print for each rating.
Benefit Description	Under the Benefit Description field, Term Expiry Date and Conversion Expiry Date are displayed. a.)Term Expiry Date – will display the expiration date of the issued policy. This date will be the policy anniversary following the Insured's 95 th birthday. b.)Conversion Expiry Date – will display the expiration date of the available conversion period. This date will be the policy anniversary at the end of the level premium period (but cannot go beyond the policy anniversary following the Insured's 65 th birthday.)
Initial Annual Premium	Will display the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the death benefit, and includes the amount for the policy fee.
Years Payable	Will display the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 95 th birthday.
Total Initial Annual Premium	Will display the sum of all Initial Annual Premiums (base policy plus the amounts for any riders or supplemental benefits and the policy fee)
Total Premiums For the Guaranteed Period	Will display the total premium by available modes. This amount is the base policy's premium (including the Premium for the policy fee), plus any amounts for riders or supplemental benefits.
Premium Mode:	Will display the premium interval selected for payment of premiums. The available values for this field are as follows: Annual, Semi-Annual, Quarterly, Monthly, Special Monthly.
Table of Renewal Premiums	The values are displayed by the Insured's attained age (titled Age at Renewal).

We acknowledge that following items shall only be changed upon prior approval: guaranteed maximum cost of insurance rates, guaranteed interest rate for account value and nonforfeiture benefits, guaranteed maximum surrender charges, guaranteed maximum expense charges, and settlement option tables.

Any change or modification to an item noted as variable will be administered in accordance with the requirements in the Variability of Insurance section of the product standards, including any requirements for prior approval of a change or modification.