

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 47454  
 Company Tracking Number: GBL10R  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: GBL10R  
 Project Name/Number: /

## Filing at a Glance

Company: American National Insurance Company

Product Name: GBL10R

TOI: L071 Individual Life - Whole

Sub-TOI: L071.201 Early Duration Reduced  
 Benefit - Level Premium - Any Policy Design  
 Filing Type: Form

SERFF Tr Num: AMNA-126890683 State: Arkansas

SERFF Status: Closed-Approved-  
 Closed State Tr Num: 47454

Co Tr Num: GBL10R

State Status: Approved-Closed

Author: Tyra Reed

Date Submitted: 12/06/2010

Reviewer(s): Linda Bird

Disposition Date: 12/07/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/07/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/07/2010

Created By: Tyra Reed

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tyra Reed

Filing Description:

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

Form GBL10(10) – Individual Whole Life Insurance Policy

Form GBLDM-DP(10) – Specifications Page used with Form GBL10(10)

10301-07 – Application for Individual Graded Benefit Whole Life Insurance Policy

Form 10374-AR – Reinstatement Application for Individual Graded Benefit Whole Life Insurance Policy

SERFF Tracking Number: AMNA-126890683

Company Tracking Number: GBL10R

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 47454  
Company Tracking Number: GBL10R  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
Product Name: GBL10R  
Project Name/Number: /

Dear Reviewer:

Please find attached the above listed forms for your department's review and approval. These forms are new forms, and will not replace any previously approved forms.

Form GBL10(10) is an individual whole life insurance policy with fixed premiums payable until the Insured's attained age 121. Policy loans are available up to the total amount of the policy's cash value. The policy contains nonforfeiture options for, paid-up insurance and cash surrender. This whole life policy offers a reduced death benefit within the first two policy years. Beginning in policy year three, the death benefit is equal to the full face amount.

Form GLBDM-DP(10) – is the specifications page that will be used in conjunction with policy Form GBL10(10).

- issue age range of minimum 50 and maximum 80
- is available on a sex distinct basis
- has a minimum face amount of \$3,000 and a maximum face amount of \$25,000
- issuance of the policy is accepted based on the statements regarding the applicant's current health within the application
- is issued on an individual basis
- is not illustrated

10301-07 is the application form. The recognized market where this application will be used is: direct mail and bank market. Applicants may also apply for this product via internet or by calling the telephone number provided in the mailed solicitation. Each process (online and telephone) uses an online process which walks the applicant through the application process. Screen prints for both processes are attached to the Supporting Documentation tab.

Form 10374-AR is the application for reinstatement. If a policy lapses, and the Owner, subject to the requirements of the policy, wishes to apply for reinstatement, this application is used.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability for the policy form, data page, and applications
- Actuarial Memorandum
- Certification of Compliance/Readability
- Payment of the required filing fee in the amount of \$ 200.00 has been submitted via EFT
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy(ies) 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.

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 47454  
 Company Tracking Number: GBL10R  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: GBL10R  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Tyra Reed, Policy Analyst tyra.reed@anico.com  
 One Moody Plaza 409-763-1112 [Phone] 5222 [Ext]  
 Product Development--14th Floor 409-766-6933 [FAX]  
 Galveston, TX 77550

### Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas  
 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: \$200.00  
 Retaliatory? No  
 Fee Explanation: Policy, contract or annuity forms: filing and review of each life and/or accident and health certificate rider, application, or endorsement, if filed separately from basic form, per insurer, per form...\$50.00.  
 4 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$200.00	12/06/2010	42662258

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 47454  
Company Tracking Number: GBL10R  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: GBL10R  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/07/2010	12/07/2010

*SERFF Tracking Number:* AMNA-126890683      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 47454  
*Company Tracking Number:* GBL10R  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
  
*Product Name:* GBL10R  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 12/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 47454  
 Company Tracking Number: GBL10R  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: GBL10R  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	INDIVIDUAL WHOLE LIFE INSURANCE POLICY		Yes
Form	Specifications Page used with Form GBL10(10)		Yes
Form	APPLICATION FOR INDIVIDUAL GRADED BENEFIT WHOLE LIFE INSURANCE POLICY		Yes
Form	Reinstatement Application for Individual Graded Benefit Whole Life Insurance Policy		Yes

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 47454  
 Company Tracking Number: GBL10R  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: GBL10R  
 Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form GBL10(10)	Policy/Contract/Fraternal Certificate INDIVIDUAL WHOLE LIFE INSURANCE POLICY	Initial		56.700	Form GBL10(10).pdf
	Form GBLDM-DP(10)	Data/Declaration Pages used with Form Specifications Page GBL10(10)	Initial		52.700	Form GBLDM-DP(10).pdf
	Form 10301-07	Application/Enrollment Form APPLICATION FOR INDIVIDUAL GRADED BENEFIT WHOLE LIFE INSURANCE POLICY	Initial		51.800	Form 10301-07.pdf
	Form 10374-AR	Application/Reinstatement Enrollment Form Application for Individual Graded Benefit Whole Life Insurance Policy	Initial		50.200	Form 10374-AR.pdf



AMERICAN NATIONAL INSURANCE COMPANY  
A STOCK LIFE INSURANCE COMPANY

POLICY NUMBER [12345678] [JOHN INSURED] INSURED  
ISSUE DATE [JANUARY 1, 2010] \$ [8,000] ULTIMATE FACE AMOUNT

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

This telephone number is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.

**AMERICAN NATIONAL INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of this Policy. The Death Benefit is payable upon receipt at Our Home Office in Galveston, Texas of due Proof of Death of the Insured. This Policy is issued in consideration of the Application and payment of the Premiums as described within the Policy. This Policy is a legal contract between the Owner ("You", "Your") and Us. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE.** [You may cancel this Policy for any reason within 30 days after its receipt. You must mail or deliver the Policy to Our Home Office. Any premiums paid, including any Policy Fee or other charges will be refunded to You. The Policy will then be treated as if it were never issued.]

**IMPORTANT NOTICE: WE WILL PAY A REDUCED DEATH BENEFIT DURING THE FIRST TWO POLICY YEARS. IF DEATH OCCURS IN THE THRID POLICY YEAR OR THERAFTER, WE WILL PAY THE ULTIMATE FACE AMOUNT.**

Signed at Our Home Office at [Galveston, TX] on the Issue Date.

[  ]

[J. Mark Flippin]  
[Secretary]

[  ]

[G. R. Ferdinandtsen]  
[President]

---

**INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page
- Nonparticipating. Dividends are not payable.
- Death Benefit payable in lump sum or as described in the Settlement Options provision.
- This Policy is a Modified Endowment Contract

---

## TABLE OF CONTENTS

---

Contract and Interested Persons .....	3
Definition of Terms .....	4
General Provisions .....	5
Premiums .....	6
Loans .....	6
Nonforfeiture Benefits .....	7
Termination and Reinstatement .....	7
Proceeds to be Paid .....	8
Settlement Options .....	9
Settlement Option Tables .....	10-11

---

## ALPHABETICAL GUIDE TO POLICY PROVISIONS

---

Application .....	4	Loan Interest Rate .....	6
Assignee .....	4	Loan Repayment .....	6
Assignment .....	5	Loans .....	6
Attained Age .....	4	Misstatement of Age or Sex .....	5
Availability of Settlement Options .....	8	Modified Endowment Contract .....	4
Basis of Calculations .....	9	Natural Person .....	4
Basis of Computations .....	5	Nonforfeiture Options .....	7
Beneficiary .....	3	Nonparticipating Policy .....	5
Beneficiary Interest .....	3	Notices .....	5
Cash Surrender .....	7	Owner .....	3
Change of Beneficiary .....	4	Paid-Up Insurance .....	7
Commutation of Settlement Options .....	9	Payee .....	4
Conformity with State Law .....	5	Payment of Death Benefit .....	8
Effective Date .....	3	Policy Debt .....	4
Entire Contract .....	3	Policy Month .....	4
Excess Policy Debt .....	6	Policy Year .....	4
General Provisions Relating to Settlement Options .....	9	Power to Modify .....	5
Grace Period .....	6	Premium Payment .....	6
Incontestability .....	5	Proof of Death .....	4
Insured .....	3	Reinstatement .....	7
Irrevocable Beneficiary .....	4	Right to Examine .....	1
Lapse .....	6	Settlement Options .....	8
Loan Interest .....	6	Suicide .....	5
		Termination .....	7

Additional benefits and riders (if any), a copy of the Application and any supplements are attached to this Policy.

---

## CONTRACT AND INTERESTED PERSONS

---

**ENTIRE CONTRACT** – This Policy, any endorsements, and the attached Application form the Entire Contract. 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:

- (a) it is contained in the written Application for the Policy; and
- (b) a copy of the Application is attached to the Policy at the Issue Date or upon Reinstatement.

**EFFECTIVE DATE** – This Policy takes effect on the Issue Date shown or as soon thereafter as the initial premium has been received at Our Home Office and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

**OWNER** – The Owner ("You", "Your") is named on the Data Page. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised. Before Termination of the Policy, as stated in the Termination 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 one is named. If there is no contingent owner, ownership will pass to the Owner's estate. All rights of the Owner, the contingent owner, and the Beneficiary are secondary to the rights of:

- (a) any Assignee of record; and
- (b) any Irrevocable Beneficiary.

The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request was signed, unless otherwise specified by the Owner, subject to any payments made or actions taken by Us prior to the receipt of such request.

**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 is 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 the person named on the most current written request to change the Beneficiary filed and recorded by Us.

**BENEFICIARY INTEREST** - Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary 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:

- (a) two or more class members of the same class will share proceeds equally;
- (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and
- (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate.

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

- (a) the Beneficiary dies within 30 days after the Insured's Death; and
- (b) 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 subject to:

- (a) the rights of any Assignee on record; and
- (b) the rights of an Irrevocable Beneficiary.

**IRREVOCABLE BENEFICIARY** – A permanent Beneficiary whose rights under the Policy cannot be changed without his or her consent. The consent of the Irrevocable Beneficiary must be in writing.

**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 the Owner.

---

## DEFINITION OF TERMS

---

**APPLICATION** – The Application includes the document so labeled and any Supplemental Applications, Reinstatement Applications, or Applications for any riders or additional benefits.

**ATTAINED AGE** – The Insured's age at issue plus the number of Policy Years completed.

**MODIFIED ENDOWMENT CONTRACT** – Is a policy where the Premiums paid exceed the 7 Pay Premium as defined in Section 7702A of the Internal Revenue Code. A Modified Endowment Contract will still qualify for income-tax-free treatment of the Death Benefit, but may result in the loss of favorable tax treatment and possible penalties on Loans or the Cash Surrender of this Policy.

**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 the Policy are payable.

**POLICY DEBT** – The total of all unpaid Loans plus unpaid interest on the Loans.

**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:

- (a) a certified death certificate of the Insured or other lawful evidence providing equivalent information;
- (b) a claimant statement;
- (c) the Policy; and
- (d) any other information We may reasonably require to establish the validity of the claim.

---

## 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.

A Reinstatement shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of 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 provision 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 the return of any Premiums received.

**MISSTATEMENT OF AGE OR SEX** – If there is 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. Amounts will be based on Our rates on the Issue Date. As used in this Policy, 'age' means age last birthday.

**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 Owner, subject to any payments made or actions taken by Us.

**POWER TO MODIFY** – Only Our President or Secretary has the power to:

- (a) change this Policy;
- (b) extend the time for payment of Premiums; or
- (c) waive any Policy provisions.

Any change in the Policy will be by an 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** – Cash values and Nonforfeiture Benefits of this Policy are not less than the minimum required by law in the state where this Policy is delivered. We have filed with the insurance regulators there, a detailed statement of the method used to compute cash values. Calculations are based on the mortality tables and rates of interest shown on the Data Page.

---

## PREMIUMS

---

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

- (a) while the Insured is living;
- (b) starting on the Issue Date;
- (c) during the Premium Period shown on the Data Page; and
- (d) at the Premium Mode and amount shown on the Data Page.

Premiums are payable to the Home Office, or 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 Mode may be changed with Our consent upon written request.

**GRACE PERIOD** – A Grace Period of 31 days is granted for each Premium payment after the first. The Policy stays in force during this period. No interest is charged on the Premium Payment due during this time. If the Insured dies during the Grace Period, any Premium amount due will be deducted from the Death Benefit. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE** – If a Premium is not paid during the Grace Period, the Policy will Lapse, unless the Policy is continued as provided for in Nonforfeiture Benefits section.

---

## LOANS

---

**LOANS.** Upon written request, We will make a Loan to You for all or part of the Cash Value of the Policy. At the time of the Loan request, all of these conditions must be met:

- (1) the Insured must be living;
- (2) the Policy must be in force;
- (3) the Policy must not then be subject to any Assignment; and
- (4) You must assign the Policy to Us, as sole security for the loan, on a form approved by Us.

Upon the Insured's death, the Death Benefit will be reduced by the amount of any Loan, including interest accrued to the date of death. We reserve the right to defer payment of any Loan for up to 6 months, except when such Loan is to pay a premium due to Us.

**LOAN INTEREST RATE.** We will charge interest daily at a fixed Loan Interest Rate of 8.0% annually.

**LOAN INTEREST.** Loan Interest is payable:

- (1) on each anniversary of the Policy's Issue Date; or
- (2) on the date the Loan is paid in full, if that date comes first.

Any interest not paid when it is due will be added to the amount of the outstanding Loan.

**EXCESS POLICY DEBT.** If the Policy Debt exceeds the cash value, this Policy will Lapse without further value. In no event will coverage provided by this Policy terminate until the end of the Grace Period. We will mail notice of Termination to You at your last known address and any Assignee of record 30 days prior to the actual Termination of the Policy.

**LOAN REPAYMENT.** All or part of a Loan on a Policy can be repaid at any time while this Policy is in force. However, if there is a Loan on the Policy on the last day of grace of a Premium in default, the Loan can be repaid only if the Policy is reinstated. Any payment not designated as a Loan repayment or Premium payment may be regarded as a Loan repayment.

---

## NONFORFEITURE BENEFITS

---

**NONFORFEITURE OPTIONS** – If a Premium is not paid at the end of its Grace Period, You have certain benefits. You must tell Us in writing which one of these benefits You choose. This must be done within 60 days after the due date of the first Premium that is not paid. The cash value payable during the 60 day period shall be an amount not less than the cash value at the time of the due date of the first Premium that was not paid. The benefits are based on the Table of Nonforfeiture Values shown on the Data Page. Values shown are for a Policy free of Policy Debt with Premiums paid for completed years. In computing values for Policy Years not completed, allowance will be made for elapsed time and fractional year's Premiums paid. Values for times not shown will be furnished upon request. The options are:

**PAID-UP INSURANCE** - This Policy may be kept in force as reduced Paid-up Insurance. The Death Benefit will be the greatest amount that the cash value can purchase as a net single premium based on the Insured's attained age. The amount of cash value will be determined as of the due date of the first unpaid Premium, less any Policy Debt. The insurance will be payable at the same time and subject to the same conditions as the insurance under this Policy. This option will not include any supplementary benefits provided by rider under the original Policy.

**CASH SURRENDER** - This Policy may be surrendered for its cash value, if any, less any Policy Debt. The Owner may elect this option at anytime while the Policy is in force.

If no option has been elected, Paid-Up Insurance will be effective. You may ask Us in writing to pay the cash value of Paid-up at any time it is in force. You must return this Policy to Us. The cash value will be the value of future guaranteed benefits at the time of request, less any Policy Debt. The cash value payable on any request made within 30 days after a Policy anniversary date will not be less than the cash value on that anniversary. We may postpone payment of any cash value for up to 6 months.

---

## TERMINATION AND REINSTATEMENT

---

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

- (a) the Insured's death;
- (b) cessation of Premium Payments without a positive cash value;
- (c) expiration of the Grace Period; or
- (d) Our receipt of the Policy and Your written request for surrender of the full cash value.

**REINSTATEMENT** – You may reinstate this Policy after it has Lapsed. All of the following conditions must be met:

- (a) the Reinstatement must be within 5 years of the date of Termination;
- (b) You must give Us any facts We require to prove the Insured is insurable for the Policy at the same classification as on the Issue Date;
- (c) You must not have surrendered the Policy for its cash value;
- (d) all Premiums in arrears must be paid with compound interest. The interest rate will be 6% per year; and
- (e) any Policy Debt must be reinstated or paid back with interest. The interest rate for Reinstatement of Policy Debt will be 6% per year. If the Policy Debt with interest would exceed the cash value of the reinstated Policy, the excess must be paid before Reinstatement will be approved.

---

## 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 Death Benefit 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 the sum of (1) and (2) where:

- (1) is the Death Benefit shown on the policy Data Page which is equal to:
  - (a) 25% of the Ultimate Face Amount if death occurs in the 1<sup>st</sup> Policy Year;
  - (b) 50% of the Ultimate Face Amount if death occurs in the 2<sup>nd</sup> Policy Year;
  - (c) the Ultimate Face Amount if death occurs in the 3<sup>rd</sup> Policy Year or thereafter.
  
- (2) is an adjustment for paid Premium, unpaid Premium, and Policy Debt equal to:
  - (a) any Premium paid past the end of the Policy Month of the Insured's death; minus
  - (b) any unpaid Premium that may apply during a Grace Period; minus
  - (c) any Policy Debt.

If this Policy is in force as Paid-Up Insurance, the Death Benefit will be as described in the Nonforfeiture Benefits section.

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. Interest on the proceeds:

- (a) will accrue from the date of death to the date of payment;
- (b) 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 this 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 a Settlement Option before the Insured's death, Option 2 with a certain period of 10 years will become effective. Any Settlement Option election must be written in a form that satisfies Us. Our consent is required for any of the following:

- (a) any payment to joint or successive Payees;
- (b) any payment to a corporation, association, partnership, trustee, or estate; or
- (c) any change in an option previously elected. We do not have to apply an option on a net sum payable of less than \$5,000 for any Payee.

**SETTLEMENT OPTIONS** – Periodic annuity payments may be made on an annual, semi-annual, quarterly, or monthly basis. You may select any basis such that the periodic payment is at least \$100. The Annuity Option tables illustrate minimum guaranteed monthly payments per \$1,000. The options are:

Option 1. Payments for a Fixed Period. Equal periodic payments will be paid for a fixed number of years. The amount of the payments will be based on Table A. Payments will include interest at the effective rate of 1.5% per year (additional interest may be paid at Our discretion).

Option 2. Life Annuity with 10 or 20 Years Certain. Equal periodic payments will be paid for as long as the Annuitant lives with payments certain for a fixed period of 10 years under Table B or 20 years under Table C.

Option 3. Life Annuity. Equal periodic payments under Table D will be paid for as long as the Annuitant lives with no payments certain; We have no liability upon the Annuitant's death.

Option 4. Payments of a Fixed Amount. Equal periodic payments will be paid. Payments will be paid until the total of the following amounts is exhausted: (1) the amount applied to this option, plus (2) interest at the effective rate of 1.5% per year (additional interest may be paid at Our discretion). The final payment will be the balance of the amount applied to this option plus interest. It may be more or less than the other payments.

Option 5. Interest Payments. We will hold the amount applied to this option at interest. Interest will be paid at the effective rate of 1.5% per year (additional interest may be paid at Our discretion). On interest due dates, You may make a withdrawal from the amount held. If such a withdrawal occurs, it must be for an amount of at least \$100. If the amount held falls below \$2,000, We may pay the entire amount held to You and will have no further liability.

With Our consent, any other Annuity Option acceptable to Us may be selected.

**GENERAL PROVISIONS RELATING TO SETTLEMENT OPTIONS.** You may surrender this Policy at or before the commencement of any distribution. The first payment under Option 1, 2, 3, or 4 is paid on the date the amount is applied to the option. The first payment under Option 5 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 \$100 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.

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.

**COMMUTATION OF SETTLEMENT OPTIONS:** Commutation is the payment by Us of a lump sum in lieu of any future Annuity Payments. In no case may any life-contingent payments under Options 2 or 3 be commuted. At Our option, payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the present value of the future Annuity Payments.

If the Payee under Options 1, 2, 3, 4 or 5 dies after payments under the option have started, We will:

- (a) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee's estate; or
- (b) under Options 3, 4 or 5, 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. Benefits at the time of their commencement will not be less than those that would be provided by the application of the surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the same time to the same class of annuitants.

---

---

**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.

<b>Years</b>	<b>Amount</b>								
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 OR 3 – TABLES B, C, AND D**

**MONTHLY PAYMENTS 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.

<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>	<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>
<b>Male</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Female</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
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	3.37
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	4.86	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	5.54	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	7.08	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



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

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

---

**INDIVIDUAL WHOLE LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page
  - Nonparticipating. Dividends are not payable.
  - Death Benefit is reduced if death of the Insured occurs within the first two Policy Years.
  - Death Benefit payable in lump sum or as described in the Settlement Options provision.
  - This Policy is a Modified Endowment Contract
-

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2010]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]		

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[65]	<b>ISSUE AGE</b>
<b>CLASS</b>	STANDARD	[MALE]	<b>SEX</b>

---

**DEATH BENEFIT**

---

The Death Benefit payable will be one of the following, depending on the Policy Year in which the Insured dies.

<b>POLICY YEAR</b>	<b>DEATH BENEFIT</b>
1	[\$2,000]
2	[\$4,000]
3 AND THEREAFTER	[\$8,000]

---

**PREMIUMS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>PREMIUM PAYING PERIOD (YEARS)</b>
GRADED BENEFIT WHOLE LIFE TO AGE 121	[\$ 844.16]	[57]
Form		Form GBL10(10)
Maturity Date		[January 1, 2067]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	<b>[\$ 844.16]</b>	

---

**MODAL PREMIUMS**

INCLUDES PREMIUMS FOR Form GLB10(10) AND AN ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

---

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>MONTHLY</b>
[\$ 844.16]	[\$ 422.08]	[\$ 211.04]	[\$ 72.34]

---

**MORTALITY TABLES**

NONFORFEITURE VALUES ARE CALCULATED USING THE 2001 CSO ALB ULTIMATE MORTALITY TABLE FOR INSURED'S GENDER. ALL CALCULATIONS ASSUME CONTINUOUS FUNCTIONS. AGE IS BASED ON AGE LAST BIRTHDAY.







APPLICATION FOR INDIVIDUAL GRADED BENEFIT WHOLE LIFE INSURANCE POLICY

American National Insurance Company [ P.O. BOX 696700 ] [ San Antonio, TX 78269 ]

ABOUT YOU

Name: E-mail: Address: Apt. City: State: ZIP Code: Home Phone: Work Phone: Social Security Number: Date of Birth: Female Male Optional Secondary Addressee (for notification of past due premiums): Name: Address: City: State: ZIP Code:

YOUR BENEFICIARY AND AMOUNT OF COVERAGE

Plan: [Graded Benefit Whole Life] Amount: [ \$10,000 ] [ \$5,000 ] [ \$3,000 ] Other: \$ Beneficiary: Relationship: If no beneficiary survives the owner, or none is named, payment will be made to the owner's estate. Do you intend to replace, discontinue, or change any existing life insurance policy issued by any company in relation to your purchase of this product? Yes No If Yes, name of company and policy number(s): Amount

PAYMENT SELECTION

I authorize the collection of premiums in accordance with the payment method selected, unless instructed otherwise. 1. Automatic monthly deductions from my checking or savings account. (Enclose a voided check.) 2. Charge monthly premiums to my: Visa MasterCard Discover Visa, MasterCard or Discover Account Number Exp. Date 3. Bill me. (Send no money now.)

AGREEMENTS AND REPRESENTATIONS

I have never been diagnosed by a member of the medical profession as having Alzheimer's disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV). I am not awaiting an organ or bone marrow transplant. I have not been advised by a licensed medical professional to be admitted to a nursing home or hospice and I am not confined in such a facility. I am not currently hospitalized and do not use an oxygen tank. I do not require the assistance of another person for dressing, bathing, or mobility. I understand that the company will offer no more than \$25,000 of life insurance under this product.

I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable if death occurs from sickness or natural causes (In AR, death from any cause) during the first two years. The reduced benefit amount is equal to 25% of the face amount during the first year and 50% of the face amount during the second year. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by American National Insurance Company during my lifetime. To verify your identity and comply with the USA Patriot Act, we may use third party information. We may disclose your personal information without notice only as permitted by law. You may access and correct your records and request a detailed description of how we gather and manage personal information. I have read the Consumer Disclosure on the Sale of Insurance accompanying this application.

FRAUD WARNING (AR): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (PA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject such person to criminal and civil penalties.

Signature of Applicant: X Date: X / / Year Month Day Year



# Reinstatement Application for Individual Graded Benefit Whole Life Insurance Policy

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

page 1 of 3

[ Overnight Address: 4500 Lockhill-Selma Road, San Antonio, TX 78249 ]

[ Mailing Address: PO Box 696763, San Antonio, TX 78269-6740 1-800-899-6806 ]



Policy No. \_\_\_\_\_

NOTICE: PAYMENT OF PAST DUE PREMIUMS AND ANY OTHER AMOUNTS DUE AND REQUIRED FOR REINSTATEMENT ARE TO BE SUBMITTED WITH THE REINSTATEMENT APPLICATION.

## 1. PROPOSED INSURED

a. Last name	First name	M.I.	b. Date of birth: Month/Day/Year	c. Daytime phone number
_____	_____	_____	_____	_____
d. Residence address: Number/Street	City	State	ZIP	
_____	_____	_____	_____	

## 2. MEDICAL HISTORY DECLARATION

By signing below, I agree that the insured has never been diagnosed by a member of the medical profession as having Alzheimer's disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV). The proposed insured is not awaiting an organ or bone marrow transplant. The proposed insured is not confined or been advised by a licensed medical professional to be admitted to a nursing home or hospice. The proposed insured is not currently hospitalized, does not use an oxygen tank, and does not require the assistance of another person for dressing, bathing, or mobility.

### DECLARATION OF INSURABILITY

The undersigned hereby makes application for reinstatement of the policy indicated above which lapsed for non-payment of premium or other amounts due. The preceding statements refer to the person named in the policy as Insured.

### AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION

I hereby authorize any physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, pharmacy benefit managers, government agency, group policy holder, employer, benefit plan administrator, the Medical Information Bureau, the Department of Motor Vehicle Registration, and paramedical facility to provide to American National Insurance Company, hereinafter referred to as "the Company," or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on the Company's or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the applicant(s). It is understood that American National underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it resulting in loss of protection by federal regulations.

I understand that:

- (1) such information will be used by the Company for underwriting and insurability determinations;
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage;
- (3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- (4) any authorized representative of the proposed insured is entitled to receive a copy of this authorization upon request. This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Life Underwriting Department of American National Insurance Company, P.O. Box 1720, Galveston, Texas 77553. I may inspect or copy any information used or disclosed under this authorization, if signed.

### REINSTATEMENT DECLARATIONS AND AGREEMENTS

Each of the undersigned declares for themselves, and all other interested parties, that all of the answers in all pages of this application for reinstatement and any supplements to it are full, complete and true. Each of the undersigned agrees that: (1) the statements and answers above refer to the person named in the policy as the Insured; (2) this application and all statements and answers contained herein shall be considered a supplement to the original application, shall form the basis for reinstatement and shall become a part of the contract of insurance for which application for reinstatement is made; (3) all statements and answers made in the original application for this policy are hereby ratified and confirmed except such as are modified by statements or answers herein contained; (4) the reinstatement of this policy shall not be effective until (a) approved at the Company's Home Office and (b) all premiums in default and additional payments required for reinstatement of this policy are received at the Company's Home Office during the lifetime and good health of all persons insured or to be insured under this policy; (5) if the policy is not reinstated by the Company, its only liability in connection with this application for reinstatement shall be for the refund of all sums tendered herewith; (6) if the Company shall approve such reinstatement, the policy's incontestable period may start again from the effective date of the reinstatement. (Refer to your policy's incontestability period); (7) information disclosed to or knowledge on the part of any medical examiner or representative of the Company as to any facts pertaining to any person insured or to be insured under this policy shall not be considered as knowledge of the Company unless reduced to writing and made a part of this application for reinstatement.



**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICATION SIGNATURES**

I have on \_\_\_\_\_ submitted payment of \$ \_\_\_\_\_ to \_\_\_\_\_ as a consideration for reinstatement.  
Date Amount Company

Date: Month/Day/Year Signed at: City State Country  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Signature of Proposed Insured (Or guardian, if proposed insured is under age 16)

X \_\_\_\_\_

Signature of Owner if other than Proposed Insured

\_\_\_\_\_



**PROVISIONAL RECEIPT**

**THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED.**

**AMERICAN NATIONAL INSURANCE COMPANY  
[ One Moody Plaza, Galveston, Texas 77550-7947 ]**

**PREMIUM CHECK(S) MUST BE MADE PAYABLE TO AMERICAN NATIONAL INSURANCE COMPANY.**

This provisional receipt should be retained by the applicant and kept with your policy documents. The payment submitted in conjunction with your application for reinstatement of the policy which lapsed for non-payment of premium will be held for the applicant's account without obligation on the part of AMERICAN NATIONAL INSURANCE COMPANY until said application for reinstatement is (a) approved at the Company's Home Office and (b) all premiums in default, and any additional payment required for reinstatement of this policy are received at the Company's Home Office during the lifetime and same health of all persons insured or to be insured under this policy. If the policy is not reinstated by the Company, its only liability in connection with this application for reinstatement shall be for the refund of all sums tendered herewith. No medical examiner or representative of the Company except the President, a Vice-President, or the Secretary has the authority to waive the answer to any question in any application or application for reinstatement of insurance, to modify any such application, or to bind the Company by making any promise or representation.

Be sure to record the following information on this provisional receipt for your records and future reference:

Policy Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

SERFF Tracking Number: AMNA-126890683 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 47454  
Company Tracking Number: GBL10R  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level  
Premium - Any Policy Design  
Product Name: GBL10R  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR - Certification of Compliance.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachments:</b> MEMORANDUM OF VARIABLE MATERIAL - Form GBL10(10).pdf AR - MEMORANDUM OF VARIABLE MATERIAL - Form GBLDM-DP(10).pdf MEMORANDUM OF VARIABLE MATERIAL - 10301-07.pdf MEMORANDUM OF VARIABLE MATERIAL - Form 10374-AR.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 15-2009  
ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form GBL10(10)	Individual Whole Life Insurance Policy	56.7
Form GBLDM-DP(10)	Specifications Page used with Form GBL10(10)	52.7
10301-07	Application for Individual Graded Benefit Whole Life Insurance Policy	
	<i>as scored with the policy form</i>	51.8
Form 10374-AR	Reinstatement Application for Individual Graded Benefit Whole Life Insurance Policy	
	<i>as scored with the policy form</i>	50.2

---

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



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form GLB10(10)  
December 3, 2010**

This memorandum was prepared for use with Form GLB10(10), an individual whole life policy for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Insured  
Ultimate Face Amount  
Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form GBLDM-DP(10)  
December 3, 2010**

This memorandum was prepared for use with Form GBLDM-DP(10), a specifications page used in conjunction with an individual whole life policy (Form GBL10(10)) for American National Insurance Company's direct solicitation marketing branch.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 50 and maximum of 80.

Sex – the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Death Benefit – the amount of the death benefit will be a minimum of \$3,000 and a maximum of \$25,000.

Maturity Date – the policy's maturity date is the policy anniversary following the Insured's 121<sup>st</sup> birthday.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Premium Paying Period (Years) – 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 121<sup>st</sup> birthday.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits. At this time no riders or supplemental benefits are offered with this product.

Policy Fee amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Nonforfeiture Values – the table provides the Cash or Loan Value and Paid Up Insurance amount for each policy year, based on the Insured’s information, face amount, and expected annual premium.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.



---

## MEMORANDUM OF VARIABLE MATERIAL for 10301-07

This memorandum was prepared for use with 10301-07, the Application for Individual Graded Benefit Whole Life Insurance. 10301-07 is an individual life insurance application used for the graded benefit product marketed through American National Insurance Company's direct marketing branch. Variable material contained in the application is denoted by the use of brackets and the variable fields are as follows:

---

**ADDRESS:** (Street and/or PO Box, City, State and Zip Code). This field will display the physical address and/or the post office box to where the completed form may be mailed. This address will coincide with the appropriate receiving department.

**PLAN:** This field is pre-filled with a description of the product offered. The current range of simplified issue products is:

Graded Benefit Whole Life

We certify that only approved products will be marketed via this application. An updated memorandum of variable material will be filed with an updated range with the addition of any new products for which this application can be used.

**AMOUNT:** Based on the Plan shown, the three most popular applied for face amounts (based on experience and/or market research) will be pre-filled as possible selections. A reasonable range for the displayed amounts, considering the above plan would be: (Min.) \$3,000 (Max) \$25,000.

Please note that the applicant is able to choose an amount other than those shown by checking the "Other" box, and filling in the desired dollar amount of coverage.

**PAYMENT SELECTION** – This section will be pre-filled with options in relation to the solicitation channel (i.e. Direct Mailing, Banks)

For Bank Solicitation, the following language will appear:

"I understand that by signing this application, I authorize my premiums to be automatically deducted from my (insert Bank name) account once the policy is issued. All premiums for this coverage will be automatically deducted monthly from my account until I instruct otherwise."

For Credit Card Solicitation, the following language will appear:

"I understand that by signing this application, I authorize my premiums to be automatically charged to my (insert credit card name) account once the policy is issued. All premiums for this coverage will be automatically charged monthly to my account, subject to credit approval, until I instruct otherwise."

For broad market solicitations (those other than banks) the following selections will appear:

1. Automatic monthly deductions from my checking or savings account. (Enclose a number deposit slip or voided check.)
2. Charge monthly premiums to my: (checkboxes for each) Visa, MasterCard, Discover (and fields for credit card number and expiration date).
3. Bill me. (Send no money now.)



**MEMORANDUM OF VARIABLE MATERIAL for 10301 (continued)**

---

CONSUMER DISCLOSURE STATEMENT – Within the Agreements section, the statement: “I have read the Consumer Disclosure on the Sale of Insurance accompanying this application.” will only appear for those applications produced for the Bank Solicitation channel. The Consumer Disclosure on the Sale of Insurance is contained on the accompanying letter that is provided with the application when the product is solicited via banks and states the following:

-Not Insured by FDIC

-Not a Deposit of or Guaranteed by (Bank Name) or any Federal Government Agency or any (Bank Name) Affiliates.

We certify that any change or modification to a variable item will be administered in accordance with your department’s requirements regarding variable material, including any requirements for prior approval of a change or modification.



---

**MEMORANDUM OF VARIABLE MATERIAL for  
Form 10374-AR  
December 3, 2010**

This memorandum was prepared for use with Form 10374-AR, the Reinstatement Application for Individual Graded Benefit Whole Life Insurance. Form 1037-AR an individual life insurance reinstatement application used for the graded benefit product marketed via direct solicitation for American National Insurance Company. Variable material contained in the application is denoted by the use of brackets and the variable fields are as follows:

---

**PHYSICAL ADDRESS:** (Street, City, State and Zip Code). This field will display the physical address and/or post office box for our home office.

**OVERNIGHT ADDRESS:** (Street, City, State and Zip Code). This field will display the overnight address and/or post office box for our home office.

**MAILING ADDRESS:** (PO Box, City, State and Zip Code). This field will display the mailing address and/or post office box for our home office.

**Authorization to Obtain, Release and Disclose Medical Information Section**

**ADDRESS:** (Department, Street and/or PO Box, City, State and Zip Code). This field will display the physical address and/or the post office box for our home office to send written notice.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.