

<i>SERFF Tracking Number:</i>	<i>AMNH-126599061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>46009</i>
<i>Company Tracking Number:</i>	<i>ANIPSTDMS</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>ANICO Pre-Std Med Supp</i>		
<i>Project Name/Number:</i>	<i>ANICO PSMC/2010</i>		

Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO Pre-Std Med Supp SERFF Tr Num: AMNH-126599061 State: Arkansas
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 46009
 Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: ANIPSTDMS State Status: Approved-Closed
 Filing Type: Rate

Reviewer(s): Stephanie Fowler
 Disposition Date: 06/23/2010
 Disposition Status: Approved-Closed
 Author: Andrea Link
 Date Submitted: 06/21/2010

Implementation Date Requested: 09/01/2010

Implementation Date: 09/01/2010

State Filing Description:

General Information

Project Name: ANICO PSMC
 Project Number: 2010
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 6%
 Filing Status Changed: 06/23/2010

Status of Filing in Domicile: Pending
 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: 06/23/2010
 Created By: Andrea Link
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Andrea Link

Filing Description:

6% Trend Increase for Pre-Standardized Medicare Supplement policy forms GMS-2, GMS-3, GMS-4, GMS-6

Please find enclosed an actuarial memorandum supporting the annual rate filing along with a 6% rate increase for Medicare Supplement policy forms GMS-2, GMS-3, GMS-4, and GMS-6 to be effective on September 1, 2010. These Medicare Supplement policy forms are being combined for rate filing purposes and as they are no longer being sold this filing will affect inforce business only. Anticipated loss ratio information and adjusted rate schedules are also included with this submission. There are currently 2 policyholders in your state that will be affected by this rate filing. If our filing is

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satisfactory please forward a stamped-approved copy for our records. If I can be of further assistance please contact me.

Company and Contact

Filing Contact Information

Andrea Link, Rate Compliance Analyst II andrea.link@anico.com
 One Moody Plaza 281-538-4833 [Phone]
 SSH - MP 504
 Galveston, TX 77550

Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas
 One Moody Plaza Group Code: 408 Company Type: Industry
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 621-7704 ext. [Phone] FEIN Number: 74-0484030

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$50.00	06/21/2010	37354168

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/23/2010	06/23/2010

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Disposition

Disposition Date: 06/23/2010

Implementation Date: 09/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after September 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National Insurance Company	6.000%	6.000%	\$143	2	\$2,381	6.000%	6.000%

SERFF Tracking Number: AMNH-126599061 *State:* Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Proposed Rates	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 6.000%
 Effective Date of Last Rate Revision: 08/01/2008
 Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National Insurance Company	6.000%	6.000%	\$143	2	\$2,381	6.000%	6.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 06/23/2010	Proposed Rates	GMS-2, GMS-3	Revised	Previous State Filing Number: Percent Rate Change 6.000 Request:	AR Rates.pdf

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

MALE OR FEMALE

Current Rates

ANNUAL
PREMIUM

1,728.63

Proposed Rates

ANNUAL
PREMIUM

1,832.35

GUARANTEED RENEWABLE
MEDICARE SUPPLEMENT POLICY
FORM GMS-3
SUPPLEMENTARY 65 COVERAGE
TOTAL ANNUAL LEVEL PREMIUMS

MALE OR FEMALE

CURRENT RATES

ANNUAL
PREMIUM
1,743.31

PROPOSED RATES

ANNUAL
PREMIUM
1,847.91