

SERFF Tracking Number: AMNA-127652634 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 49883
Company Tracking Number: ANL-582
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANL-582
Project Name/Number: ANL-582/ANL-582

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: ANL-582

SERFF Tr Num: AMNA-127652634 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-Closed State Tr Num: 49883

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: ANL-582

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tyra Reed, Tobie Brink

Disposition Date: 10/03/2011

Date Submitted: 09/27/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: ANL-582

Status of Filing in Domicile: Pending

Project Number: ANL-582

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/03/2011

State Status Changed: 10/03/2011

Deemer Date:

Created By: Tobie Brink

Submitted By: Tobie Brink

Corresponding Filing Tracking Number: ANL-582

Filing Description:

September 26, 2011

Arkansas Insurance Department

Compliance - Life and Health

1200 West Third Street

Little Rock AR 72201-1904

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RE: American National Life Insurance Company of Texas (NAIC: 71773 FEIN: 75-1016594) Filing Of:
ANL582-AR Application for Reinstatement of Individual Life Insurance
SERFF Tracking Number: AMNA-127652634
Company Tracking Number: ANL-582

Dear Reviewer:

Please find attached the above referenced reinstatement application for your department's review and approval. This is a new form and will not replace any previously approved forms.

This form will be used with the following approved individual life insurance products:

Form LDB11AX(10) – approved 4/14/2011 via SERFF Tracking Number AMNA-127025091;
Form MDB11AX(10) – approved 4/14/2011 via SERFF Tracking Number AMNA-127032750.

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

- Statement of Variability for the forms
- Certificate of Readability
- Payment of any required filing fee
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink
Life Policy Analyst III

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator
One Moody Plaza
Actuarial Product Development
14th Floor

Tobie.Brink@ANICO.com
409-763-1112 [Phone] 4165 [Ext]
409-766-6933 [FAX]

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Galveston, TX 77550

Filing Company Information

American National Life Insurance Company of Texas CoCode: 71773 State of Domicile: Texas
 One Moody Plaza Group Code: 408 Company Type: Life, Health, Annuity
 Galveston, TX 77550 Group Name: State ID Number:
 (409) 763-4661 ext. 5222[Phone] FEIN Number: 75-1016594

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Texas is the domicile state. Applications filed separately from the policy and subject to review/approval is 100.00. All retaliatory fees are based on Texas' fees.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$100.00	09/27/2011	52162675

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/03/2011	10/03/2011

SERFF Tracking Number: AMNA-127652634 *State:* Arkansas
Filing Company: American National Life Insurance Company of *State Tracking Number:* 49883
Texas
Company Tracking Number: ANL-582
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single
Life
Product Name: ANL-582
Project Name/Number: ANL-582/ANL-582

Disposition

Disposition Date: 10/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Reinstatement for Individual Life Insurance		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ANL582-AR	Application/ Enrollment Form	Application for Reinstatement for Individual Life Insurance	Initial		50.800	ANL582-AR.pdf



Application for Reinstatement for Individual Life Insurance

Issued by American National Life Insurance Company of Texas [One Moody Plaza, Galveston, TX 77550-7947] Business (800) 899-6806]

Policy No. _____

For the purpose of this application, "the Company" refers to American National Life Insurance Company of Texas.

INSTRUCTIONS:

- (1) Complete all pages of this Application for Reinstatement.
(2) Payment of past due premiums and any other amounts due and required for reinstatement are to be submitted with the completed Application for Reinstatement. MAKE CHECKS PAYABLE TO AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS
(3) Retain the completed Provisional Receipt for your records.
(4) SEND THE COMPLETED APPLICATION FOR REINSTATEMENT AND YOUR CHECK FOR PAYMENT TO: American National Life Insurance Company of Texas - Administrative Office [P.O. Box 1890 Galveston TX 77553-1890.]

1. PROPOSED INSURED

a. Last name First name M.I. Occupation/Job Title
b. Date of birth: Month/Day/Year c. Age last birthday d. Height e. Weight
f. Residence address: Number/Street City State ZIP g. Personal Telephone

2. MEDICAL HISTORY QUESTIONS

- a. Is the Proposed Insured currently hospitalized, in a nursing home, under hospice care, or confined to a wheelchair due to disease or illness, or in need of personal or mechanical assistance in bathing and/or dressing?
b. In the past 2 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for a heart attack, stroke, emphysema, cirrhosis of the liver or cancer (other than non-melanoma skin cancer)?
c. Has the Proposed Insured ever been told he/she had an Immune Deficiency Disorder, AIDS, AIDS related complex (ARC), or test results indicating exposure to the AIDS virus?

3. MEDICAL HISTORY EXPLANATIONS (Give full details below of all "Yes" answers to questions "2.a." through "2.c.")

Question Person Reason, condition, disease, injury, etc. Date
% of recovery Name of attending physician Attending physician address: Number/Street City State
Question Person Reason, condition, disease, injury, etc. Date
% of recovery Name of attending physician Attending physician address: Number/Street City State

Add a separate sheet of paper signed, dated, and witnessed for additional medical history explanations.

4. NON-MEDICAL HISTORY

- a. Has the Proposed Insured, in the past (5) years, made - or is any Proposed Insured contemplating making - flights as a pilot, student pilot, crew member, or observer? (if "Yes," complete and submit the appropriate questionnaire.)



American National Life Insurance
Company of Texas

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 LIFE INSURANCE COMPANY OF TEXAS, or to any agent / insurance producer, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS 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 Life Insurance Company of Texas 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 AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS 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 LIFE INSURANCE COMPANY OF TEXAS [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 thereto, are full, complete, and true to the best of their knowledge and belief. Each of the undersigned agrees that: (1) the statements and answers above refer to the person named in the policy as the Insured, and if Premium Payer benefits are involved, to the Premium Payer, and, if a family policy is involved, to all persons insured or to be insured thereunder; (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, this policy shall be incontestable after it has been in force during the lifetime of the Insured(s) for two years from the date of approval of this application (except for nonpayment of premiums and except for disability benefits or accidental death benefits). The incontestability provision of this policy is modified accordingly; (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.

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.

FCRA / MIB ACKNOWLEDGEMENT

I have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau.

APPLICATION SIGNATURES

If Provisional Receipt is to be detached, I hereby certify that I have read and received the Provisional Receipt, and agree to its terms. I understand that the company will not permit acceptance of my deposit or detachment of the Provisional Receipt unless this statement is true (if one given).

I have on _____ made payment of \$ _____ to _____ as a consideration for reinstatement for which I DO DO NOT hold provisional receipt.

Date: Month/Day/Year Signed at: City State Country

_____ | _____ | _____ | _____

Witnessed by: Signature of witness or licensed agent / insurance producer Signature of Proposed Insured

X _____ **X** _____
Print agent's / insurance producer's name

_____ _____
Agent's / Insurance Producer's state license number / company personal code Signature of owner if other than Proposed Insured



American National Life Insurance
Company of Texas

PROVISIONAL RECEIPT

THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED.

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Administrative Address:

[One Moody Plaza, Galveston, TX 77550-7947]

PREMIUM CHECK(S) MUST BE MADE PAYABLE TO AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS.

This provisional receipt should be retained 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 Life Insurance Company of Texas until said application for reinstatement is:

- (a) Approved at the Administrative Office of American National Life Insurance Company of Texas; and
- (b) All premiums in default, and any additional payments required for reinstatement of the policy are received at the Administrative Office during the lifetime of all persons insured or to be insured under the policy.

If the policy is not reinstated by American National Life Insurance Company of Texas, 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 American National Life Insurance Company of Texas, 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 American National Life Insurance Company of Texas 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: _____



American National Life Insurance
Company of Texas



AGENT / INSURANCE PRODUCER: THIS NOTICE MUST BE LEFT WITH THE PROPOSED INSURED.

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

[One Moody Plaza, Galveston, Texas 77550-7947]

Thank you for considering American National Life Insurance Company of Texas as your insurance carrier.

One of the prime objectives of our company is to provide insurance at the lowest possible cost. The underwriting process (evaluation of risks) is necessary not only to assure this low cost, but also to assure that each policyholder contributes his/her fair share of the cost. In considering your application, information from various sources must, therefore, be considered. These include the results of your physical examination, if required, and any reports we may receive from doctors and hospitals who have attended you.

MIB Pre-notification — [Information regarding your insurability will be treated as confidential. The American National Life Insurance Company of Texas or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree, Suite 400, Braintree, MA 02184-8734.

The American National Life Insurance Company of Texas or its reinsurer(s) may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.]

Fair Credit Reporting Act Pre-notification — Federal and state laws require notification that, in connection with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such a report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing the proper identification, you may inspect, or, for the appropriate fee, receive a copy of such report.

Typically, the report will contain information as to character, general reputation, personal characteristics and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs, if any, living conditions and type of community.

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 Project Name/Number: ANL-582/ANL-582

Supporting Document Schedules

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

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is not a policy filing. Comments:		

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

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR CL.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments:		

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Attachment:

SOV - ANL582-AR.pdf



American National Life Insurance Company of Texas

READABILITY CERTIFICATION

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

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
ANL582-AR	Application for Reinstatement of Individual Life Insurance <i>(as scored with policy Form LDB11AX(10))</i>	50.1

Rex D. Hemme
Senior Vice President & Actuary
American National Insurance Company
9/26/2011



American National Life Insurance Company of Texas

Tobie Brink, Life Policy Analyst III
Product Development – Actuarial
Home Office : One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tobie.brink@anico.com
Phone: (409) 763-4661 x 4265
Fax: (409) 766-6933

September 26, 2011

Arkansas Insurance Department
Compliance - Life and Health
1200 West Third Street
Little Rock AR 72201-1904

RE: American National Life Insurance Company of Texas (NAIC: 71773 FEIN: 75-1016594) Filing Of:
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- Statement of Variability for the forms
- Certificate of Readability
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- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink

Tobie Brink
Life Policy Analyst III



American National Life Insurance Company of Texas

September 26, 2011

MEMORANDUM OF VARIABLE MATERIAL FOR ANL582-AR

This memorandum was prepared for use with the application listed above by American National Life Insurance Company of Texas.

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
PO Box Address
Business Telephone Number

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

Medical Information Bureau (MIB) Pre-notification - the MIB pre-notice text has been denoted as variable material to allow for updates as provided by the MIB. This field will not vary on an individual basis and would only be updated should updates from the MIB, Inc. be required for new issues.

Any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section.

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.