

SERFF Tracking Number: AMNA-127786959 State: Arkansas
Filing Company: American National Insurance Company State Tracking Number: 50159
Company Tracking Number: 10374 DIRECT MARKETING GI REINSTATEMENT APP
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: 10374 Direct GI Reinstatement App
Project Name/Number: 10374 Direct GI Reinstatement App/10374 Direct GI Reinstatement App

Filing at a Glance

Company: American National Insurance Company

Product Name: 10374 Direct GI Reinstatement App SERFF Tr Num: AMNA-127786959 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 50159

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

Co Tr Num: 10374 DIRECT
MARKETING GI
REINSTATEMENT APP State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Authors: Tyra Reed, Tobie Brink
Disposition Date: 11/04/2011
Date Submitted: 11/01/2011
Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 10374 Direct GI Reinstatement App
Project Number: 10374 Direct GI Reinstatement App
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/04/2011
State Status Changed: 11/04/2011
Created By: Tobie Brink
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

November 1, 2011

Arkansas Insurance Department

Compliance] Life and Health

1200 West Third Street

Little Rock AR 72201]1904

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Product Name: 10374 Direct GI Reinstatement App
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RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:
10374-R-AR Reinstatement Application for Individual Graded Benefit Whole Life Insurance Policy
SERFF Tracking Number: AMNA-127786959
Company Tracking Number: 10374 Direct GI Reinstatement App

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 application will be used with Form GBL10(10) approved 12/7/2010 via SERFF Tracking Number AMNA-126890683.

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
Galveston, TX 77550

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

Filing Company Information

American National Insurance Company
One Moody Plaza
Galveston, TX 77550

CoCode: 60739
Group Code: 408
Group Name:

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

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 Project Name/Number: 10374 Direct GI Reinstatement App/10374 Direct GI Reinstatement App
 (409) 763-4661 ext. [Phone] FEIN Number: 74-0484030

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Based on Texas fees, as it is the domicile state. Forms submitted separate from a policy are \$100.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	11/01/2011	53372404

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/04/2011	11/04/2011

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Disposition

Disposition Date: 11/04/2011

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 Individual Graded Benefit		Yes
	Whole Life Insurance Policy		

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10374-R-AR	Application/ Enrollment Form Application for Individual Graded Benefit Whole Life Insurance Policy	Initial		50.200	10374-R-AR.pdf



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 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 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: _____

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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 form filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is not a policy form 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:		
Attachment:		

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AR Statement of Variability.pdf



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>
10374-R-AR	Reinstatement Application for Individual Whole Life Policy with Graded Death Benefit	50.2

Rex D. Hemme
Senior Vice President & Actuary
American National Insurance Company
10/20/2011



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

November 1, 2011

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

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

Tobie Brink

Tobie Brink
Life Policy Analyst III



American National Insurance Company

MEMORANDUM OF VARIABLE MATERIAL for
10374-R-AR
October 20, 2011

This memorandum was prepared for use with 10374-R-AR, the Reinstatement Application for Individual Graded Benefit Whole Life Insurance. 10374-R-AR is 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.

PHONE NUMBER: We will provide a telephone number for applicants to call with any questions.

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.