

*SERFF Tracking Number:* AMNH-127707698      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 50233  
*Company Tracking Number:* ANIPSTD2011  
*TOI:* MS021 Individual Medicare Supplement - Pre-Standardized      *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized  
*Product Name:* ANICO Pre-Standardized Medicare Supplement  
*Project Name/Number:* ANICO PStd/2011

## Filing at a Glance

Company: American National Insurance Company

Product Name: ANICO Pre-Standardized Medicare Supplement      SERFF Tr Num: AMNH-127707698 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed-Approved-Closed      State Tr Num: 50233

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized      Co Tr Num: ANIPSTD2011      State Status: Approved-Closed

Filing Type: Rate      Reviewer(s): Stephanie Fowler

Authors: Andrea Link, Yolanda Shanks      Disposition Date: 11/10/2011

Date Submitted: 11/10/2011      Disposition Status: Approved-Closed

Implementation Date Requested: On Approval      Implementation Date:

State Filing Description:

## General Information

Project Name: ANICO PStd

Project Number: 2011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Yolanda Shanks

Filing Description:

Annual Filing of Pre-Standardized Medicare Supplement Rates

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed the same time as this filing.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/10/2011

State Status Changed: 11/10/2011

Created By: Andrea Link

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

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Andrea Link, Rate Compliance Supervisor      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	

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**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	11/10/2011	53636850

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Product Name: ANICO Pre-Standardized Medicare Supplement  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/10/2011	11/10/2011

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## Disposition

Disposition Date: 11/10/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. No increase was requested.

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	0.000%	0.000%	\$0	2	\$2,381	0.000%	0.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate</b>	Current Rates	Approved-Closed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 6.000%  
**Effective Date of Last Rate Revision:** 07/15/2011  
**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	0.000%	0.000%	\$0	2	\$2,381	0.000%	0.000%

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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-Closed 11/10/2011	Current Rates	GMS-3	Other	Previous State Filing Number: Percent Rate Change Request:	AR Rates.pdf

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

**MALE OR FEMALE**

**CURRENT RATES**

ANNUAL  
PREMIUM  
1,847.91

**PROPOSED RATES**

ANNUAL  
PREMIUM  
1,847.91