

SERFF Tracking Number: AMNA-127150364 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48652
Company Tracking Number: ANL-3409AR
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANL-3409AR
Project Name/Number: ANL-3409AR/

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: ANL-3409AR

SERFF Tr Num: AMNA-127150364 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-Closed State Tr Num: 48652

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: ANL-3409AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tyra Reed, Tobie Brink

Disposition Date: 05/05/2011

Date Submitted: 05/03/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ANL-3409AR

Status of Filing in Domicile: Pending

Project Number:

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: 05/05/2011

State Status Changed: 05/05/2011

Deemer Date:

Created By: Tobie Brink

Submitted By: Tobie Brink

Corresponding Filing Tracking Number:

Filing Description:

May 2, 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:

SERFF Tracking Number: AMNA-127150364 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48652
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TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANL-3409AR
Project Name/Number: ANL-3409AR/
ANL-3409AR– Application for Individual Life Insurance
SERFF Tracking Number: AMNA-127150364
Company Tracking Number: ANL-3409AR

Dear Reviewer:

Please find attached the above listed form for your organization's review and approval. This is a new form and will not replace any previously approved form.

ANL-3409AR is the application form used to apply for products LDB11AX(10) and MDB11AX(10). LDB11AX(10) was approved 4/14/2011 SERFF tracking #127025091 and MDB11AX(10) was approved 4/14/2011 SERFF tracking #127032750. This application is used in both person-to-person agent solicited sales and telephone sales utilizing an agent and service representative. ANL-3409AR will be attached to and made a part of the policy. The telephone procedures have been attached to the Supporting Documentation tab.

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

- Statement of Variability for each form
- Certificate of Readability
- Payment of the required filing fee in the amount of \$100.00 has been submitted via EFT
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator Tobie.Brink@ANICO.com
One Moody Plaza 409-763-1112 [Phone] 4165 [Ext]
Actuarial Product Development 409-766-6933 [FAX]
14th Floor
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

SERFF Tracking Number: AMNA-127150364 State: Arkansas
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 Company Tracking Number: ANL-3409AR
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ANL-3409AR
 Project Name/Number: ANL-3409AR/
 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: Domicile fee is \$100 (Texas).
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$100.00	05/03/2011	47202810

SERFF Tracking Number: AMNA-127150364 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ANL-3409AR
Project Name/Number: ANL-3409AR/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/05/2011	05/05/2011

SERFF Tracking Number: AMNA-127150364 *State:* Arkansas
Filing Company: American National Life Insurance Company of *State Tracking Number:* 48652
Texas
Company Tracking Number: ANL-3409AR
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: ANL-3409AR
Project Name/Number: ANL-3409AR/

Disposition

Disposition Date: 05/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-127150364 State: Arkansas
 Filing Company: American National Life Insurance Company of Texas State Tracking Number: 48652
 Company Tracking Number: ANL-3409AR
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ANL-3409AR
 Project Name/Number: ANL-3409AR/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	MVM - ANL-3409AR		Yes
Form	Application for Individual Life Insurance Policy		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
	ANL-3409AR	Application/ Enrollment Form	Application for Individual Life Insurance Policy	Initial		54.400	ANL-3409AR.pdf



American National Life Insurance Company of Texas

Application for Individual Life Insurance Policy

Issued by American National Life Insurance Company of Texas [One Moody Plaza, Galveston, TX 77550-7947] Phone Number [877-862-0759]



Mailing Address: PO Box 696700 San Antonio, TX 78269-6700]

Any telephone conversation will be recorded and the information you provide is your application for life insurance.

1. Proposed Insured Social Security Number Birthdate (Mo-Day-Yr) Age Sex Birthstate/Birthplace Height Weight Marital Status: Married Single Separated Widowed Divorced Occupation Has the Proposed Insured used tobacco or nicotine in the past 12 months? Yes No Residence Address: Number and Street City, State and Zip Home Phone

2. Owner Social Security Number Date of Birth Address Relationship

Unless specified, all Beneficiaries in the same class share equally.

Table with 9 columns: Primary/Contingent, Last name, First name, M.I., Relationship to Proposed Insured, Date of Birth (Mo./Day/Yr.), Gender (M/F), Soc. Sec./Tax ID#, Date of trust (Mo./Day/Yr.), % payable

If more space is needed, complete the state appropriate form for additional beneficiary designations.

4. a. Do you have any existing life insurance or annuity coverage? b. Will the life insurance applied for replace or use cash values of any existing life insurance or annuity policy issued by any company? If Yes, Indicate which ones

5. 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.)

PART 1 (Proposed Insured is not eligible for life insurance if any question in PART 1 is answered "Yes." If all questions are answered "No," proceed to PART 2.)

- 6. 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?
7. 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)?
8. Has the Proposed Insured ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)?
9. Has the Proposed Insured ever received an organ transplant or been on a waiting list for an organ transplant?
10. Has the Proposed Insured ever received kidney dialysis, heart valve replacement, or an implanted defibrillator?
11. Has the Proposed Insured ever been diagnosed by a member of the medical profession with any of the following conditions: congestive heart failure, cardiomyopathy, Alzheimers, dementia, aneurysm, chronic hepatitis B or C, or renal failure?
12. Has the Proposed Insured ever been diagnosed by a member of the medical profession with chronic obstructive pulmonary disease (COPD)?
13. In the past 10 years, has the Proposed Insured been diagnosed by a member of the medical profession with or received treatment for leukemia or lymphoma (Hodgkins or non-Hodgkins)?
14. In the past 5 years, has the Proposed Insured received treatment for alcohol or drug use, been diagnosed by or treated by a member of the medical profession for internal cancer, malignant melanoma, stroke, cerebral vascular accident (CVA), transient ischemic attack (TIA) or pancreatitis?
15. In the past 2 years, has the Proposed Insured been diagnosed by a member of the medical profession for coronary artery disease, or atrial fibrillation, or had coronary bypass surgery, coronary angioplasty, coronary stenting or pacemaker implantation?



American National Life Insurance Company of Texas

PART 2 (Proposed Insured may require graded death benefit if any of the following is answered "Yes." If all questions are answered "No," Proposed Insured may qualify for level death benefit).

- 16. Has the Proposed Insured ever been diagnosed by a member of the medical profession with major depression, bipolar disorder, diabetes (requiring insulin), rheumatoid arthritis, multiple sclerosis, or Parkinson's disease?
17. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for a heart attack, coronary artery disease, atrial fibrillation or had coronary bypass surgery, coronary angioplasty or coronary stenting?
18. In the past 5 years, has the Proposed Insured been diagnosed by a member of the medical profession with or received treatment for Crohn's disease or ulcerative colitis?
19. Has the Proposed Insured ever been diagnosed by a member of the medical profession with one of the following conditions: internal cancer or malignant melanoma?
20. Has the Proposed Insured been diagnosed by a member of the medical profession as having a stroke, cerebral vascular accident (CVA) or transient ischemic attack (TIA) more than 5 years ago?
21. Plan Type: Level Death Benefit Graded Death Benefit
Initial Premium Payment Face Amount Payment Method Payment Mode

FRAUD WARNING — Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICATION DECLARATIONS AND AGREEMENTS — Each of the undersigned declare for themselves and all other interested parties, that all of the answers in all pages of this application and any supplements to it are complete and true to the best of their knowledge and belief. They also agree that:

- 1. these answers as written: a) were given to induce American National Life Insurance Company of Texas to issue a Policy; and b) shall form the basis for and become part of any Policy issued on the application;
2. except as otherwise provided in the conditional receipt no Policy will be effective until, during the lifetime of the Proposed Insured, it is: a) issued; b) delivered to the Applicant; c) the full first premium paid; and d) the Proposed Insured is in the same health as stated in the application;
3. American National Life Insurance Company of Texas may issue a Policy different from that specified in this application by listing the difference(s) on the Policy Data page, and acceptance of such different Policy will be an acceptance of the changes except that no changes in: a) specified amount; and/or b) classification or c) plan of insurance will be effective unless agreed to by the Owner in writing;
4. American National Life Insurance Company of Texas is not bound by any statements made by anyone or any other facts known to anyone concerning the Proposed Insured if not in writing in this application or any supplement to it; and
5. only the President, a Vice President, or the Secretary of American National Life Insurance Company of Texas has the authority to waive any of American National Life Insurance Company of Texas' rights or requirements or to waive or alter any of the provisions of this application or the Policy issued on this application.

I have received the notification regarding the Federal Fair Credit Report Act and the Medical Information Bureau. If this life insurance application is being completed over the telephone, this notice has been read to me and a copy of the notice will be provided with the policy.

If this life insurance application is being completed over the telephone, your verbal consent by voice recording is required and will constitute an electronic signature under the law. If you agree to the statements just read to you and you consent to the use of this voice recording as an electronic signature for this life insurance application, please state your name, date of birth, and "I agree."

Signature lines for: Dated at City, State; Date; Print Agent's Name; Proposed Insured's Signature; Witnessed by: Agent's Signature; Agent's company personal code; Owner's Signature; License Identification Number



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, government agency, group policyholder, 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, 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 re-disclose it in accordance with other federal and state laws, resulting in a 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. I or my authorized representative, am 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 New Business Department of American National Life Insurance Company of Texas, [One Moody Plaza, Galveston, Texas 77550-7947.] I may inspect or copy any information used or disclosed under this authorization, if signed.

If this life insurance application is being completed over the telephone, your verbal consent by voice recording is required and will constitute an electronic signature under the law. If you agree to the authorization just read to you and you consent to the use of this voice recording as an electronic signature, please state your name, date of birth, and "I agree."

Date

Signature of Owner

Witness

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: (circle one) power of attorney, guardian, guardian-in-fact, payee representative or other.

SIGNATURE REQUIRED IF INITIAL PREMIUM WAS MADE

I hereby certify that I have read and received the conditional receipt, and agree to its terms. I understand that American National Life Insurance Company of Texas will not permit acceptance of my payment unless this statement is true.

Signature of Proposed Insured

Signature of Premium Payor

Signature of Owner



American National Life Insurance Company of Texas



CONDITIONAL RECEIPT

THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED.

**American National Life Insurance Company of Texas
[One Moody Plaza, Galveston TX 77550-7947]**

**PREMIUM CHECK(S) MUST BE MADE PAYABLE TO AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS.
DO NOT MAKE CHECK(S) PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

For purposes of this receipt, "the Company" refers to American National Life Insurance Company of Texas.

I have received \$ _____ in connection with an application for life insurance. If each of the following four conditions is satisfied fully, then, subject to the maximum amount limitation described below, insurance as provided by the terms and conditions of the policy applied for will become effective on the effective date, as defined below.

- (1) The payment received with the application must equal the minimum initial premium required for the plan(s) and amount(s) of insurance applied for and the mode of premium payment selected;
- (2) All initial application requirements must be completed;
- (3) On the effective date, as defined below, all persons proposed for insurance must be in the same health as stated in the application and insurable at standard premium rates for the plan(s) and amount(s) of insurance requested in the application.
- (4) There is no material misrepresentation in the application.

MAXIMUM AMOUNT LIMITATION: At no time and in no event shall the total liability of the Company under this receipt and all other receipts providing conditional insurance coverage with the Company on the lives of all the persons proposed for insurance exceed \$50,000.

SPECIAL LIMITATIONS:

- If a proposed insured dies by suicide, the Company's liability under this Conditional Receipt is limited to a refund of the payment made.
- There is no coverage under this Agreement if the check or draft submitted as payment is not honored by the bank.

EFFECTIVE DATE MEANS THE LATEST OF: (a) the date of completion of the application; (b) the date of completion of all medical exams and tests required by the Company; and (c) if the applicant requests a policy date which is later than the date of this receipt, the policy date requested by the applicant.

REFUND OF PAYMENT: If one or more of the above conditions 1, 2, 3, or 4 have not been satisfied fully, the Company's liability is limited to a refund of the amount paid. Only the president, a vice president or the secretary of the Company has the authority to waive any of the Company rights or requirements, or to waive or alter any of the provisions of this receipt or amend it in any way.

INITIAL APPLICATION REQUIREMENTS: Means (a) completion of all required parts of the application; (b) completion of the first medical examination, if required by the Company's underwriting rules; and (c) if more than one medical examination is initially required by the Company's underwriting rules due to the Proposed Insured's age or face amount applied for, completion of the subsequent medical examination.

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

_____ | _____ | _____ | _____

Signature of licensed agent

X _____

I have read this Conditional Receipt. It has been explained to me by the agent.

Signature of Primary Proposed Insured

X _____

Signature of Owner

X _____



American National Life Insurance
Company of Texas



American National Life Insurance Company of Texas
[One Moody Plaza, Galveston TX 77550-7947]

In connection with your application, American National Life Insurance Company of Texas, or its reinsurers, may obtain medical and other information for evaluation purposes. American National Life Insurance Company of Texas may obtain that information from the Medical Information Bureau, Inc. or any medical professional, medically related facility, insurance support organization or insurance company who possesses information about the care, treatment or advice given you or your family. That information could concern drugs, alcoholism or mental illness. American National Life Insurance Company of Texas may also obtain an investigative consumer report on 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, 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 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.

SERFF Tracking Number: AMNA-127150364 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ANL-3409AR
 Project Name/Number: ANL-3409AR/

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application being filed for approval is attached to the Forms Schedule tab.		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: ANL-3409AR Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: MVM - ANL-3409AR		
Comments:		
Attachment: MEMORANDUM OF VARIABLE MATERIAL - ANL-3409AR.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>
ANL-3409AR	Application for Individual Life Insurance Policy <i>(as scored with the policy form)</i>	54.4

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



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Tyra G. Reed, Life Policy Analyst III
Product Development – Actuarial
Home Office : One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tyra.reed@ANICO.com
Phone: (409) 763-4661 x 5222
Fax: (409) 766-6933

May 2, 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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SERFF Tracking Number: AMNA-127150364
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Sincerely,

Tyra G. Reed
Life Policy Analyst III



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

**MEMORANDUM OF VARIABLE MATERIAL FOR ANL-3409AR
May 2, 2011**

This memorandum was prepared for use with ANL-3409AR, a life application for American National 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:

Mailing Address
Administrative Office Address
Home Office Address
Telephone Number

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:

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.

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.