

SERFF Tracking Number: AMNA-127637478 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 49834  
Company Tracking Number: 10362  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 10362  
Project Name/Number: 10362/10362

## Filing at a Glance

Company: American National Insurance Company

Product Name: 10362

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: AMNA-127637478 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49834

Co Tr Num: 10362

State Status: Approved-Closed

Authors: Tyra Reed, Tobie Brink

Date Submitted: 09/20/2011

Reviewer(s): Linda Bird

Disposition Date: 09/26/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

## General Information

Project Name: 10362

Project Number: 10362

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

September 20, 2011

Arkansas Insurance Department

Compliance @ Life and Health

1200 West Third Street

Little Rock AR 72201@1904

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/26/2011

State Status Changed: 09/26/2011

Created By: Tobie Brink

Corresponding Filing Tracking Number: 10362

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

SERFF Tracking Number: AMNA-127637478 State: Arkansas  
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Project Name/Number: 10362/10362

10362-AR Application for Reinstatement of Individual Life Insurance  
SERFF Tracking Number: AMNA-127637478  
Company Tracking Number: 10362

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 NPWL09DM(10) "C approved 2/17/2010 via SERFF Tracking Number AMNA-126484400;  
Form RCT09DM(10) "C approved 1/11/2010 via SERFF Tracking Number AMNA-126425223;  
Form LCT09DM(10) "C approved 1/11/2010 via SERFF Tracking Number AMNA-126425223;  
Form LNCT09DM(10) "C approved 1/11/2010 via SERFF Tracking Number AMNA-126425223.

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]

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**Filing Company Information**

American National Insurance Company	CoCode: 60739	State of Domicile: Texas
One Moody Plaza	Group Code: 408	Company Type:
Galveston, TX 77550	Group Name:	State ID Number:
(409) 763-4661 ext. [Phone]	FEIN Number: 74-0484030	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: Fee of \$100 based on Texas domicile fee of \$100 per application filed separately from the policy.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	09/20/2011	51872777

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/26/2011	09/26/2011

*SERFF Tracking Number:* AMNA-127637478      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 49834  
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*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* 10362  
*Project Name/Number:* 10362/10362

## **Disposition**

Disposition Date: 09/26/2011

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 - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Reinstatement of 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
	10362-AR	Application/ Enrollment Form Application for Reinstatement of Individual Life Insurance	Initial		50.800	10362-AR.pdf



# Application for Reinstatement of Individual Life Insurance

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



Policy No. \_\_\_\_\_

## 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 INSURANCE COMPANY.
- (3) Retain the completed Provisional Receipt for your records.
- (4) SEND THE COMPLETED APPLICATION FOR REINSTATEMENT AND YOUR CHECK FOR PAYMENT TO:  
American National Insurance Company - Administrative Office [P.O. Box 1890 Galveston TX 77553-1890.]

## 1. PROPOSED INSURED

a. Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Date of Birth: Month/Day/Year \_\_\_\_\_ c. Daytime phone number \_\_\_\_\_

d. Residence address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. MEDICAL HISTORY QUESTIONS *(Attach an additional sheet of paper to answer questions, if necessary.)*

- a. Has the 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?  Yes  No
- b. Within the past 10 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following:  
Please circle all that apply. If any questions are answered "yes" provide explanation next to details.
- heart or circulatory system disease
  - blood or immune disease (excluding those related to the AIDS virus)
  - cancer (excluding basal and squamous cell skin cancer)
  - kidney, liver, pancreas, or lung disease (excluding asthma and bronchitis)
  - alcoholism or alcohol or drug abuse
  - stroke or TIA
  - Alzheimer's
  - hospitalized for any mental or nervous system disorder, or
  - attempted suicide?  Yes  No

Details: \_\_\_\_\_

- c. Within the past 5 years, has the Proposed Insured:
- been convicted of a felony, driving while intoxicated (DWI), or driving under the influence;
  - had a driver's license suspended or revoked;
  - been admitted to or confined in a hospital, nursing home, extended care, or special treatment facility for any condition other than child birth; or
  - received treatment by a home health care provider?  Yes  No
- d. Within the past 3 years, has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for high blood pressure, diabetes, asthma, or chronic bronchitis? If "Yes", please provide details (dates of treatment, test results, diagnoses, medications, etc.):  Yes  No
- e. Within the past 2 years, has the Proposed Insured:
- been disabled or missed 10 or more consecutive days of work due to illness;
  - been advised by a member of the medical profession to have any test or treatment that has not been performed;
  - been advised by a member of the medical profession to take any medications that they are not now taking; or
  - needed help dressing, eating, walking, or breathing (including the use of oxygen)?
- If "Yes", please provide details (dates of treatment, test results, diagnoses, medications, etc.):  Yes  No



**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 INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on AMERICAN NATIONAL INSURANCE COMPANY 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 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 INSURANCE COMPANY 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 INSURANCE COMPANY, [P.O. Box 1890, Galveston, Texas 77553-1890.] *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 to all of the following:

- (1) The statements and answers above refer to the person named in the policy as the Insured, and to all persons insured or to be insured there under.
- (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 policy of insurance for which the application for reinstatement is made.
- (3) All statements and answers made in the original application for the policy are hereby ratified and confirmed, except such as are modified by statements or answers herein contained.
- (4) The reinstatement of the policy shall not be effective until: (a) it is approved at the Administrative Office of American National Insurance Company; and (b) all premiums in default and any additional payments required for reinstatement of the policy are received at the Administrative Office of American National Insurance Company during the lifetime of all persons insured or to be insured under the policy.
- (5) If the policy is not reinstated by American National Insurance Company, its only liability in connection with this application for reinstatement shall be for the refund of all sums tendered herewith.
- (6) Information disclosed to or knowledge on the part of any medical examiner or representative of American National Insurance Company as to any facts pertaining to any person insured or to be insured under the policy shall not be considered as knowledge of American National Insurance 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 Credit Reporting Act and the Medical Information Bureau.

**APPLICATION SIGNATURES**

By signing below I hereby:

- Make application for reinstatement of the policy indicated, which lapsed for non-payment of premium or other amounts due;
- Represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief and understand that they shall form a part of my application for insurance with American National Insurance Company; and
- Certify that I have read, understand, and agree to the terms of the Provisional Receipt.

I have on \_\_\_\_\_ submitted payment of \$ \_\_\_\_\_ to American National Insurance Company as a consideration for reinstatement.

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

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured  
(Or guardian, if Proposed Insured is under age 16)

\_\_\_\_\_  
Signature of Owner if other than Proposed Insured



**PROVISIONAL RECEIPT**

**THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED.**

**AMERICAN NATIONAL INSURANCE COMPANY**

**Administrative Address:**

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

**PREMIUM CHECK(S) MUST BE MADE PAYABLE TO AMERICAN NATIONAL INSURANCE COMPANY.**

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 Insurance Company until said application for reinstatement is:

- (a) Approved at the Administrative Office of American National Insurance Company; 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 Insurance Company, 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 Insurance 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 American National Insurance 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: \_\_\_\_\_

**AGENT: THIS NOTICE MUST BE LEFT WITH THE PROPOSED INSURED.**

**AMERICAN NATIONAL INSURANCE COMPANY**  
**[One Moody Plaza, Galveston, Texas 77550-7947 ]**

Thank you for considering American National Insurance Company 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 Insurance Company 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 Insurance Company 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](http://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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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> This is not a policy form filing.		
<b>Comments:</b>		

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> AR CL.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		

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SOV - 10362-AR.pdf



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## 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>
10362-AR	Application for Reinstatement of Individual Life Insurance <i>(as scored with policy Form NPWL09DM(10))</i>	50.8

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Rex D. Hemme  
Senior Vice President & Actuary  
American National Insurance Company  
9/15/2011



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

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

September 20, 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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SERFF Tracking Number: AMNA-127637478  
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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*

Tobie Brink  
Life Policy Analyst III



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September 15, 2011

MEMORANDUM OF VARIABLE MATERIAL FOR 10362-AR

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

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  
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.