

SERFF Tracking Number: AMNA-128496466 State: Arkansas
Filing Company: American National Life Insurance Company of Texas State Tracking Number:
Texas
Company Tracking Number: 3409P
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 3409P
Project Name/Number: 3409P/3409P

Filing at a Glance

Company: American National Life Insurance Company of Texas

Product Name: 3409P

SERFF Tr Num: AMNA-128496466 State: Arkansas

TOI: L07I Individual Life - Whole

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

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

Co Tr Num: 3409P

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tyra Reed, Amber Adams, Disposition Date: 07/05/2012
Tobie Brink

Date Submitted: 06/26/2012

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 3409P

Project Number: 3409P

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/05/2012

State Status Changed: 07/05/2012

Created By: Tobie Brink

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

June 26, 2012

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:
ANL-3409P-AR "C Application for Individual Life Insurance
SERFF Tracking Number: AMNA-128496466
Company Tracking Number: 3409P

Dear Reviewer:

Please find attached the above listed form for your organization's review and approval. This form will replace ANL-3409AR approved on 5/5/2011 under SERFF Tracking Number AMNA-127150364. The only change made was adding pharmacy benefit manager to the Authorization to Obtain, Release, and Disclose Medical Information section.

ANL-3409P-AR is the application form used to apply for Form LDB11AX(10) approved on 4/14/2011 under SERFF Tracking Number AMNA-127025091 and Form MDB11AX(10) approved 4/14/2011 under SERFF Tracking Number AMNA-127032750. It is used in both person-to-person agent solicited sales and telephone sales utilizing an agent and service representative. ANL-3409P-AR will be attached to and made a part of the policy. The telephone procedures have been attached to the supporting documentation tab for reference.

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

- Statement of Variability
- Certificate of Readability
- Payment of the 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
State Narrative:

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator
One Moody Plaza
Actuarial Product Development

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

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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
 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: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form, exempt, separate from policy, \$50 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Life Insurance Company of Texas	\$50.00	06/26/2012	60413457

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/05/2012	07/05/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Tobie Brink	06/26/2012	06/26/2012

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Disposition

Disposition Date: 07/05/2012

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Telephone Application Process		Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Individual Life Insurance Policy		Yes

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Project Name/Number: 3409P/3409P

Amendment Letter

Submitted Date: 06/26/2012

Comments:

Good morning,

Please find that the statement of variability has been updated.

Thank you!

Tobie Brink

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

ANL-3409P-AR SOV.pdf

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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-3409P-AR	Application/ Enrollment Form	Application for Individual Life Insurance Policy	Initial		54.400	ANL-3409P-AR.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? Yes No If yes, provide details below. b. Will the life insurance applied for replace or use cash values of any existing life insurance or annuity policy issued by any company? Yes No 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.) Yes No

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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?..... Yes No
- 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."

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, pharmacy benefit managers, 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



**AUTHORIZATION TO MY BANK
PREAUTHORIZED CHECK AUTHORIZATION**

**Attach Voided Check or Deposit Ticket Here and
Sign Authorization**

Checking **Savings**

Bank Information

Name _____

City State Zip _____

We will not draft from your account until underwriting approves your application.

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of American National Life Insurance Company of Texas, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such checks. I further agree should any such checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

If you want this voice recording to constitute your electronic signature on this authorization to your bank, please state your name, birth-date and "I agree to this authorization."

Date Signed _____

Signature (as it appears on bank records) _____

Account Number _____

Routing Number _____

To be completed by Agent only

AGENT'S STATEMENT

If this application was taken on paper, I certify that I saw the Proposed Insured. I asked the Proposed Insured the questions in the application, and recorded the answers. The answers recorded did not conflict with my observations and knowledge of the Proposed Insured. I witnessed the required signatures.

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. Please confirm that you have participated in the completion of the application over the telephone and consent to the use of this voice recording as an electronic signature by stating your name, date of birth, and "I agree."

Date _____

Agent's Signature _____

AGENT'S SUPPLEMENT

1. What is the purpose of this insurance? Personal Business

2. If beneficiary is not a relative, explain insurable interest: _____

3. How long have you personally known the Proposed Insured? _____

4. By whom will the premiums be paid? Owner Applicant Other

If Other, explain: _____

5. As an agent, do you have knowledge or reason to believe that replacement of existing business may be involved? Yes No

6. Was the application voluntary or solicited? _____

AGENT'S REPORT (required only if this application was taken on paper)

During the interview, did you observe if the Proposed Insured had any physical or mental impairment with regard to walking, speaking, or clearly understanding the questions on the application? Yes No

The best time(s) to call for a telephone interview: _____

BE SURE TO INFORM YOUR CLIENT THAT A TELEPHONE INTERVIEW MAY BE CONDUCTED. If the Proposed Insured has a hearing problem, describe. _____

Additional Agent Instructions: _____



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.

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Supporting Document Schedules

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

	Item Status:	Status Date:
<p>Satisfied - Item: Application Comments: This is an application filing.</p>		

	Item Status:	Status Date:
<p>Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Application filing. Comments:</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Telephone Application Process Comments: Attachment: ANTEX Telephone Application Process 20110407.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Cover Letter Comments:</p>		

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Attachment:

AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

ANL-3409P-AR SOV.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-3409P-AR	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

ANTEX

Applicant Tele-Interview Program

Customer Service Center

Life Underwriting Support (LUS)

Overview

- Agent and applicant call ANTEX Life Underwriting Support (LUS) at 877.862.0759
- Service representative (SR) collects and records (via PegaREACH) agent information and other data needed to proceed with interview
- SR confirms that applicant wants to apply for insurance and accesses electronic (PDF fillable) state specific application forms
- SR conducts the interview and completes the application forms
- SR reads state specific fraud warnings
- SR plays applicable recorded statements/disclosures/agreements required for compliance purposes in the order of the application
- SR conducts and records the Agent's Statement interview
- SR documents signature lines with required voice reference information
- SR closes the telephone interview
 - *No modifications of the application can occur once the application tele-interview has been completed*
- SR orders Experian report
- SR notes and closes the call in PegaREACH, which documents the time and date of the interview
- SR emails all application forms and reports to quality assurance for review
- Quality assurance reviews for completeness and sends to ANTEX LNB

Service Number

- ANTEX will be supported by the LUS service team
 - *877.862.0759*
- Agent and applicant initiate call
 - *If applicant not on the line, SR will dial applicant and initiate a conference call*
- The greeting will ask ANTEX agent/applicant to select “1” for a service representative
 - *Thank you for calling American National Life Insurance Company of Texas. Your call will be recorded for quality assurance. If you are calling to complete a new application, press 1. Otherwise please stay on the line for the next available representative.*

PegaREACH System

- SR greets the applicant/agent and collects initial data via Pega
 - *Agent: Name, contact number, and PC#*
 - *Applicant: Name and resident state*
 - *Plan: Product and rate quoted*
 - *Replacement: Yes or No*
 - If yes, SR will advise agent that paper application forms must be completed and submitted
 - SR advises that all parties to the contract must be present to complete the tele-interview
 - SR clicks the ANTEX link to access electronic fillable state specific PDF application forms
-

Application Process

- Agent and applicant remain on the line
 - *Agent must remain on the line to answer application questions and complete the Agent Statement*
- Florida and Washington requirements:
 - *The agent must stay on the line and ask application questions*
 - *The agent's State Insurance License Number must be obtained and documented on the application*
- SR explains the process and reminds the applicant that the conversation is being recorded
 - *Paper application forms must be submitted if applicant refuses to have the interview recorded*

Application Process

- SR records and confirms application data as relayed by the applicant
 - *“Ms. Smith, you stated your date of birth is xx/xx/xxxx, is that correct?”*
- SSN is not required at time of tele-interview, but may be required for approval of application
- All parties to the application must be present to provide electronic signature
- SR reads required state specific fraud warning
 - *As printed on the application*

Recorded Declarations & Agreement Statement

- SR explains that the applicant must listen to some recorded statements/disclosures to complete the application process
- SR selects the required Recorded Application Statement message from a Pega link
- SR plays the recorded Application Declarations and Agreements message
 - *As contained in the application*
- SR verifies both the applicant and agent understand the statement
 - *Agent will answer any applicant questions*

Recorded Authorization Statements

- SR selects (from a system link) each required Recorded Authorization Statement message in the order of the application and plays to the applicant
 - *Authorization to Obtain and Use Voice Signature*
 - *Authorization to Obtain, Release and Disclose Medical Information*
 - *Authorization to My Bank: PAC Authorization*
 - If payor different from insured, payor must be present at time of call to provide electronic signature

Recorded Authorization Statements

- Applicant must verbally state “*I agree*” to continue the tele-interview process
- SR records the “Applicant Signatures” on the corresponding signature lines
 - *Telephone signature/CSR ID/Date/Time*

Recorded Disclosure Notice

- SR selects the required Disclosure Notice message from a Pega link
- SR plays the recorded Application Disclosure Notice message
 - *As contained in the application*
- SR verifies that the applicant understands the notice
 - *Agent will answer any applicant questions*

Interview Close

- SR closes the interview as follows:
 - *Advises the information will be submitted to underwriting for review and a decision*
 - *Reaffirms that no insurance coverage shall be issued until an underwriting decision is offered and accepted by the applicant*
 - *Advises of an approximate review time frame, if asked*
 - Usually within 5 to 10 business days
 - *Agent answers any application questions*
 - *SR answers any new business processing questions*

Agent's Statement

- SR completes the Agent's Statement with the active writing agent
 - *The applicant can be excused from the call at this time*
 - SR will express gratitude to applicant
- SR plays the recorded authorization for voice signature message to the agent
 - *Agent must consent by saying, "I agree"*
- SR records the "Agent's Signature" on the corresponding signature line
 - *Telephone signature/CSR ID/Date/Time*

Experian Report

- SR orders Experian report
 - *Selects the Experian link from Pega*
 - www.experian.com
- Prints the report as a PDF for attachment

Application Submission

- SR reviews all forms for completeness
 - *No modifications of the application are allowed*
- SR emails the submission (with Experian report) to quality assurance
- Quality assurance checks submission for completeness
 - *Confirms all application forms are included*
- Quality assurance emails to the ANTEX new business area for processing

Additional Information

- Absolutely no modifications of the application can occur once the application tele-interview has been completed
- The tele-interview application process strictly applies to non-replacement business ONLY
- Pennsylvania is ineligible for the tele-interview application process
 - *Paper applications are required*



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

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June 26, 2012

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:
ANL-3409P-AR – Application for Individual Life Insurance
SERFF Tracking Number: AMNA-128496466
Company Tracking Number: 3409P**

Dear Reviewer:

Please find attached the above listed form for your organization's review and approval. This form will replace ANL-3409AR approved on 5/5/2011 under SERFF Tracking Number AMNA-127150364. The only change made was adding pharmacy benefit manager to the Authorization to Obtain, Release, and Disclose Medical Information section.

ANL-3409P-AR is the application form used to apply for Form LDB11AX(10) approved on 4/14/2011 under SERFF Tracking Number AMNA-127025091 and Form MDB11AX(10) approved 4/14/2011 under SERFF Tracking Number AMNA-127032750. It is used in both person-to-person agent solicited sales and telephone sales utilizing an agent and service representative. ANL-3409P-AR will be attached to and made a part of the policy. The telephone procedures have been attached to the supporting documentation tab for reference.

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

- Statement of Variability
- Certificate of Readability
- Payment of the 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



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

**MEMORANDUM OF VARIABLE MATERIAL FOR ANL-3409P-AR
June 19, 2012**

This memorandum was prepared for use with ANL-3409P-AR, 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 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.

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.

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.

SERFF Tracking Number: AMNA-128496466 State: Arkansas
 Filing Company: American National Life Insurance Company of Texas State Tracking Number:
 Company Tracking Number: 3409P
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 3409P
 Project Name/Number: 3409P/3409P

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/20/2012		Supporting Statement of Variability Document	06/26/2012	ANL-3409P-AR SOV.pdf (Superseded)



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

**MEMORANDUM OF VARIABLE MATERIAL FOR ANL-3409P-AR
June 19, 2012**

This memorandum was prepared for use with ANL-3409P-AR, 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.

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.