

State: Arkansas **Filing Company:** American National Life Insurance Company of Texas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SME 2013 ANTEX
Project Name/Number: SME 2013 ANTEX/SME 2013 ANTEX

Filing at a Glance

Company: American National Life Insurance Company of Texas
Product Name: SME 2013 ANTEX
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 01/09/2013
SERFF Tr Num: AMNA-128841142
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SME 2013 ANTEX

Implementation
Date Requested:
Author(s): Tyra Reed, Amber Adams, Tobie Brink
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/14/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** American National Life Insurance Company of Texas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SME 2013 ANTEX
Project Name/Number: SME 2013 ANTEX/SME 2013 ANTEX

General Information

Project Name: SME 2013 ANTEX Status of Filing in Domicile: Pending
Project Number: SME 2013 ANTEX 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: 01/14/2013
State Status Changed: 01/14/2013
Deemer Date: Created By: Tobie Brink
Submitted By: Tobie Brink Corresponding Filing Tracking Number:

Filing Description:
January 9, 2013

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)
ANL-10592 – Statements to Medical Examiner
SERFF Tracking Number: AMNA-128841142
Company Tracking Number: SME 2013 ANTEX

Dear Reviewer:

Please find attached the above referenced form for your department's review and approval. This form will replace the previously approved form AN-SME approved on 7/5/2011 under SERFF Tracking Number AMNA-127298041 for American National Life Insurance Company of Texas. This form will be used with currently approved and future-approved individual life insurance products.

The only change made to the forms is the addition of "high blood pressure" in Question 2a.

This form is the Statements to Medical Examiner form. During the underwriting process, additional information may be required. This form is completed by the proposed insured and the proposed insured's physician and returned to the administrative office. A copy of the completed form will be attached to and made a part of the application/policy.

This questionnaire will be used with all current and future approved life insurance applications, insurability, and reinstatement applications.

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

- Statement of Variability
- Readability Certification
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy will not be issued in any employer-

State: Arkansas **Filing Company:** American National Life Insurance Company of Texas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SME 2013 ANTEX
Project Name/Number: SME 2013 ANTEX/SME 2013 ANTEX

- employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.
- An insert page listing the compacting state's Department of Insurance information.
- Payment of the required filing fees have been submitted via EFT.
- 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	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
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: \$50 for exempt forms filed separate from policy; based on TX domicile fee.
 Per Company: No

Company	Amount	Date Processed	Transaction #
American National Life Insurance Company of Texas	\$50.00	01/09/2013	66393774

SERFF Tracking #:

AMNA-128841142

State Tracking #:

Company Tracking #:

SME 2013 ANTEX

State:

Arkansas

Filing Company:

American National Life Insurance Company of Texas

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

SME 2013 ANTEX

Project Name/Number:

SME 2013 ANTEX/SME 2013 ANTEX

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/14/2013	01/14/2013

State: Arkansas **Filing Company:** American National Life Insurance Company of Texas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SME 2013 ANTEX
Project Name/Number: SME 2013 ANTEX/SME 2013 ANTEX

Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Statements to Medical Examiner		Yes

State: Arkansas **Filing Company:** American National Life Insurance Company of Texas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SME 2013 ANTEX
Project Name/Number: SME 2013 ANTEX/SME 2013 ANTEX

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Statements to Medical Examiner	ANL-10592	OTH	Initial		50.700	ANL-10592.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Statements to Medical Examiner

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

Mailing Address: [PO Box 696700, San Antonio, TX 78269-6700] Business [(800) 899-6806] Fax [(888) 237-1012]



1. Proposed Insured's Name: Last _____ Date of Birth (Mo-Day-Yr) _____ Sex: M F
 Name: First, M.I. _____

Name, address, and phone number of personal physician (If none, state "none")
 Name of doctor: _____ Date last seen: _____
 Address/Phone: _____ Reason for last visit: _____

2. **Have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession ...**
- | | YES | NO |
|--|--------------------------|--------------------------|
| a) for a heart attack, high blood pressure, chest pain, angina, congestive heart failure, heart murmur, irregular heart beat, heart valve disease or any disease or disorder of the heart or arteries? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) for a stroke, cerebral vascular accident (CVA), Transient Ischemic Attack (TIA), aneurysm, or peripheral vascular disease (PVD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) for cancer, leukemia, lymphoma, malignant melanoma or any other malignancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) for diabetes, elevated blood sugar, impaired glucose intolerance or impaired fasting glucose? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) for human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC)? | <input type="checkbox"/> | <input type="checkbox"/> |
3. **Have you, in the last ten years, been diagnosed or treated by a member of the medical profession for ...**
- | | | |
|---|--------------------------|--------------------------|
| a) Seizures, epilepsy, or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Multiple Sclerosis (MS), ALS (Lou Gerhig's disease), muscular dystrophy, or Parkinson's disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD), or any disease or abnormality of the respiratory system? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Cirrhosis, hepatitis, ulcerative colitis, Crohn's disease, disease of the pancreas, esophagus, ulcer or any other disease or disorder of the stomach or intestines? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Anemia, blood disorder, clotting or bleeding disorder, or any lymph node disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Arthritis, fibromyalgia, or any disease of the bones, muscles or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Lupus, rheumatoid arthritis, scleroderma, polymyositis, dermatomyositis or any connective tissue disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Injuries associated with falls or imbalance? | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Disease of the prostate or genital system? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Disease of the kidneys, bladder, urinary tract, protein or blood in the urine? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Depression, anxiety, psychiatric treatment or counseling, or any disease or abnormality of the brain or nervous system? | <input type="checkbox"/> | <input type="checkbox"/> |
4. **Within the past 10 years have you ...**
- | | | |
|--|--------------------------|--------------------------|
| a) Been advised by a member of the medical profession to reduce or discontinue use of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Received treatment or counseling by a member of the medical profession for the use of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
5. **Within the past 5 years have you ...**
- | | | |
|---|--------------------------|--------------------------|
| a) had an operation or been hospitalized by a member of the medical profession for any illness, disease or accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) had any diagnostic testing by a member of the medical profession (EKG or other cardiovascular test, X-ray, blood, or other laboratory test)? | <input type="checkbox"/> | <input type="checkbox"/> |
6. Are you currently being prescribed any medications or under any treatment by a member of the medical profession? (please list medications/treatment)
7. Has your weight changed by more than 10 lbs in the past year? If yes, reason?

Give full details below of all "Yes," answers to questions 2 through 11. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICATION ITEMS: Include diagnosis dates, duration and names and addresses of all attending physicians and medical facilities.)

Attach an additional sheet of paper, if necessary.



American National Life Insurance
Company of Texas

19. URINALYSIS: (To be done in all cases.)
Send specimen to laboratory in all cases. Specific Gravity: _____ Alb. _____ Sugar _____

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.

I certify that I examined _____ at _____ A.M./P.M. on the _____ day of _____, _____
(Name of Applicant) Month Year

Examination made at my office _____, Individual's office _____, Individual's home _____, other _____

Examiner's Signature: _____, Examiner's Address: _____

SS# or Tax I.D.#

EXAMINER'S VOUCHER

(Do not detach)

Medical Examiner _____

SS# or Tax I.D.#

Fee \$ _____

Address of Examiner _____

Name of Person examined _____

Name of Agent/Insurance Producer _____ Agency _____

Date of Examination _____

SERFF Tracking #:

AMNA-128841142

State Tracking #:

Company Tracking #:

SME 2013 ANTEX

State:

Arkansas

Filing Company:

American National Life Insurance Company of Texas

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

SME 2013 ANTEX

Project Name/Number:

SME 2013 ANTEX/SME 2013 ANTEX

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR ANTEX Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
AR ANTEX.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
MVM - AR ANTEX.pdf			



READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
ANL-10592	Statements to Medical Examiner	50.7

Rex D. Hemme
Senior Vice President & Actuary
American National Life Insurance Company of Texas
1/9/2013



American National Family of Companies

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

e-mail: tobie.brink@anico.com
Phone: (409) 763-4661 x 4265
Fax: (409) 766-6522

January 9, 2013

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)
ANL-10592 - Statements to Medical Examiner
SERFF Tracking Number: AMNA-128841142
Company Tracking Number: SME 2013 ANTEX

Dear Reviewer:

Please find attached the above referenced form for your department's review and approval. This form will replace the previously approved form AN-SME approved on 7/5/2011 under SERFF Tracking Number AMNA-127298041 for American National Life Insurance Company of Texas. This form will be used with currently approved and future-approved individual life insurance products.

The only change made to the forms is the addition of “high blood pressure” in Question 2a.

This form is the Statements to Medical Examiner form. During the underwriting process, additional information may be required. This form is completed by the proposed insured and the proposed insured's physician and returned to the administrative office. A copy of the completed form will be attached to and made a part of the application/policy.

This questionnaire will be used with all current and future approved life insurance applications, insurability, and reinstatement applications.

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

- Statement of Variability
- Readability Certification
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.
- An insert page listing the compacting state's Department of Insurance information.
- Payment of the required filing fees have been submitted via EFT.
- 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



January 9, 2013

MEMORANDUM OF VARIABLE MATERIAL FOR:
ANL-10592

This memorandum was prepared for use with the form listed above by American National Life 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:

Home Office Address
Mailing Office Address
Business (telephone number)
Business (fax 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.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.