

**State:** Arkansas **Filing Company:** American National Insurance Company  
**TOI/Sub-TOI:** MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized  
**Product Name:** ANICO Pre-Standardized Medicare Supplement  
**Project Name/Number:** ANICO PStd/2012

### Filing at a Glance

Company: American National Insurance Company  
 Product Name: ANICO Pre-Standardized Medicare Supplement  
 State: Arkansas  
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized  
 Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized  
 Filing Type: Rate  
 Date Submitted: 12/19/2012  
 SERFF Tr Num: AMNH-128819160  
 SERFF Status: Closed-Disapproved  
 State Tr Num:  
 State Status: Disapproved-Closed  
 Co Tr Num: ANIPSTD2012  
  
 Implementation: 04/01/2013  
 Date Requested:  
 Author(s): Yolanda Shanks  
 Reviewer(s): Stephanie Fowler (primary)  
 Disposition Date: 01/10/2013  
 Disposition Status: Disapproved  
 Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** American National Insurance Company  
**TOI/Sub-TOI:** MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized  
**Product Name:** ANICO Pre-Standardized Medicare Supplement  
**Project Name/Number:** ANICO PStd/2012

### General Information

Project Name: ANICO PStd	Status of Filing in Domicile: Pending
Project Number: 2012	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed the same time as this filing.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 4%	Filing Status Changed: 01/10/2013
	State Status Changed: 01/10/2013
Deemer Date:	Created By: Yolanda Shanks
Submitted By: Yolanda Shanks	Corresponding Filing Tracking Number:

**Filing Description:**

Please find enclosed an actuarial memorandum supporting the annual rate filing along with a 4% rate increase for Medicare Supplement policy forms GMS-2, GMS-3, GMS-4, and GMS-6 to be effective on April 1, 2013. These Medicare Supplement policy forms are being combined for rate filing purposes and as they are no longer being sold this will affect inforce business only.

Anticipated loss ratio information and adjusted rate schedules are also included with this submission. There are currently 2 policy holders in your state that will be affected by this rate filing. If our filing is satisfactory, please forward an approval for our records. If I can be of further assistance, please contact me.

### Company and Contact

**Filing Contact Information**

Yolanda Shanks, Rate Compliance Analyst healthratefiling@anico.com  
 1 Moody Plaza 409-763-4661 [Phone] 2924 [Ext]  
 SSH-MP504  
 Galveston, TX 77550

**Filing Company Information**

American National Insurance Company	CoCode: 60739	State of Domicile: Texas
One Moody Plaza	Group Code: 408	Company Type: Industry
Galveston, TX 77550	Group Name:	State ID Number:
(409) 621-7704 ext. [Phone]	FEIN Number: 74-0484030	

### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Company	Amount	Date Processed	Transaction #
American National Insurance Company	\$50.00	12/19/2012	65919650

SERFF Tracking #:

AMNH-128819160

State Tracking #:

Company Tracking #:

ANIPSTD2012

State:

Arkansas

Filing Company:

American National Insurance Company

TOI/Sub-TOI:

MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name:

ANICO Pre-Standardized Medicare Supplement

Project Name/Number:

ANICO PStd/2012

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	01/10/2013	01/10/2013

**State:** Arkansas **Filing Company:** American National Insurance Company  
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## Disposition

Disposition Date: 01/10/2013

Implementation Date:

Status: Disapproved

Comment: Given the lack of credibility on these Plans, we cannot approve this rate increase at this time.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American National Insurance Company	4.000%	4.000%	\$101	2	\$2,524	4.000%	4.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	Current Rates	Disapproved	No