



**AMERICAN NATIONAL INSURANCE COMPANY
CREDIT INSURANCE DIVISION
P.O. BOX 9007
LEAGUE CITY, TX 77574-9007
PHONE: (800) 899-6502 or (281) 535-7436**

CREDIT LIFE AND A&H REPORT AND REMITTANCE

Company Name _____ Account Number _____
 Street Address _____ Preparer's Name _____
 City, State, ZIP _____ Preparer's E-Mail _____
 Phone Number _____ Date _____

| NEW BUSINESS | | | | |
|------------------------|----------------------|---------------------|-------------------------|--|
| | | | | Number of Certificates/Policies Enclosed _____ |
| PREMIUM WRITTEN | | | | |
| COVERAGE | GROSS PREMIUM | X COMM. RATE | TOTAL COMMISSION | AMOUNT DUE AMERICAN NATIONAL |
| LEVEL LIFE | \$ | % | \$ | \$ |
| DECREASING LIFE | \$ | % | \$ | \$ |
| A & H | \$ | % | \$ | \$ |
| TOTAL | \$ | % | \$ | \$ |

Net amount due **American National Insurance Company** \$ _____

Additional Charges or Credits (Please Attach Explanation) \$ _____

Net amount remitted \$ _____

PLEASE FORWARD THIS REPORT AND REMITTANCE TO OUR ADMINISTRATIVE OFFICE ALONG WITH THE FOLLOWING:

1. All certificates/policies issued during the period
2. Adding machine tapes supporting this report
3. Copies of all voided certificates/policies
4. **Your check made payable to American National Insurance Company**

PLEASE ENCLOSE ALL ITEMS IN A RETURN ENVELOPE AND MAIL TO:

**American National Insurance Company
Credit Insurance Division
P.O. Box 9007
League City, TX 77574-9007**

FAX Numbers for Cancellations: (281) 334-8199 or Toll Free (877) 334-1899