



Department of Consumer & Business Services

Insurance Division — 2

P.O. Box 14480
 Salem, Oregon 97309-0405
 Phone: (503) 947-7269
 Fax: (503) 378-4351
 350 Winter St. NE, Rm. 440, Salem, Oregon
 www.oregoninsurance.org

**Grievance
Annual Report**

Annual grievance report for 2004.

Due on **June 30** for previous calendar year.

All insurers offering health benefit plans are required to submit annual reports of grievances and appeals.
 ORS 743.804, OAR 836-053-1070

Company name: American National Insurance Company Date: 2/23/2005
 Contact person: Joseph Songy Title: Claim Compliance Analyst
 Phone: 409-763-4661, x5243 E-mail: joseph.songy@anico.com

Category of grievance	Number of grievances closed (A)	Initial decision upheld		Initial decision reversed	
		Number (B)	Percentage (B/A)	Number (C)	Percentage (C/A)
(D) Access problems	0	0	0	0	0
(E) Referral issues	0	0	0	0	0
(F) Medical necessity	0	0	0	0	0
(G) Other coverage/not covered	0	0	0	0	0
(H) Eligibility	0	0	0	0	0
(I) Quality of care	0	0	0	0	0
(J) Quality of plan services	0	0	0	0	0
(K) Emergency services	0	0	0	0	0
(L) Administrative issues	0	0	0	0	0
(M) Total number of grievances closed:	0	Percentage: 0		Percentage: 0	

	Number	Percentage
(N) Closed at initial grievance	0	(N/M) 0
(O) Closed at first level of appeal	0	(O/M) 0
(P) Closed at second level of appeal	0	(P/M) 0
(Q) Average time between filing of grievance and closure: 0 days		

