

**C. I. G. A. A. R. S.**  
**AMERICAN NATIONAL INSURANCE COMPANY**

SUPPLY REQUISITION  
 CREDIT INSURANCE DIVISION  
 P.O.BOX 1580- MANDEVILLE, LA. 70470

**FAX 985-624-8892**

QUANTITY	ITEM NO.	DESCRIPTION OF FORM
	CRL-8005-NM/CIP - 02	LIFE, A&H AND PROPERTY POLICY
	CRL- 6515	LIFE & A&H ONLY - POLICY
	IUI - 28 - NM	INVOLUNTARY UNEMPLOYMENT INSURANCE
	GIA - 780	AGENTS MONTHLY PREMIUM REPORT
		CLAIM FORM - LIFE AND A&H
		CLAIM FORM - PROPERTY / FIRE
		DISCLOSURE STATEMENT, PROMISSORY NOTE
	NM RIC	RETAIL INSTALLMENT CONTRACTS
		LARGE SELF-ADDRESSED ENVELOPES (12)
		SMALL SELF-ADDRESSED ENVELOPES (12)
SHIP TO:	_____	
	_____	
	_____	

