

SERFF Tracking Number: YTYC-125294696 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
Company Tracking Number: IIFS CPI F 0807
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: 2007 Revisions/Kathy

Filing at a Glance

Company: American National Property And Casualty

Product Name: Collateral Protection Insurance SERFF Tr Num: YTYC-125294696 State: Arkansas
TOI: 28.0 Credit SERFF Status: Closed State Tr Num: AR-PC-07-026136
Sub-TOI: 28.0002 Creditor-Placed Auto Co Tr Num: IIFS CPI F 0807 State Status:
Filing Type: Form Co Status: submitted Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Kathy Lohmann Disposition Date: 09/26/2007
Date Submitted: 09/19/2007 Disposition Status: Approved
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

General Information

Project Name: 2007 Revisions Status of Filing in Domicile: Pending
Project Number: Kathy Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/26/2007
State Status Changed: 09/19/2007 Deemer Date:
Corresponding Filing Tracking Number: YTYC-125294697

Filing Description:

We are submitting the captioned for your review and acceptance. This is a new filing to an existing program in your state. The two (2) declaration pages and the endorsement are replacements for the original versions of these forms. The application is new. These forms will be used in connection with policy forms IIFS.71.1001-CPI-00-1003 et al. The original program was Approved December 4, 2003.

We have included mark up copies of each of the revised forms for reference.

Application IIFS.71.1051-CPI-01-0807 is a new form in this program. Bracketing of the reference to form IIFS.71.1010-CPI-00-0205 is made only to eliminate the need for this form to be filed if we update that endorsement. It will serve no other purpose. If IIFS.71.1010-CPI-00-0205 is ever updated we will file the revision with the department for approval.

SERFF Tracking Number: YTYC-125294696 State: Arkansas
 Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
 Company Tracking Number: IIFS CPI F 0807
 TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
 Product Name: Collateral Protection Insurance
 Project Name/Number: 2007 Revisions/Kathy

Company and Contact

Filing Contact Information

(This filing was made by a third party - yeartoyearconsultingllc)

Stephanie Glaser, Policy Filing/Compliance Stephanie.Glaser@anico.com
 Coordinator

P.O. Box 9007 (800) 899-6502 [Phone]
 League City, TX 77574-9007 (281) 535-7477[FAX]

Filing Company Information

American National Property And Casualty CoCode: 28401 State of Domicile: Missouri
 1949 E. Sunshine St. Group Code: 408 Company Type: P & C
 Springfield, MO 65899-0001 Group Name: State ID Number:
 (800) 333-2860 ext. [Phone] FEIN Number: 43-1010895

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Form Filing - \$50.00 - no limit on # of forms in same submission per AID PC Fee1 (06/26/01)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Property And Casualty	\$50.00	09/19/2007	15705153

SERFF Tracking Number: YTYC-125294696 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
Company Tracking Number: IIFS CPI F 0807
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: 2007 Revisions/Kathy

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/26/2007	09/26/2007

SERFF Tracking Number: YTYC-125294696 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
Company Tracking Number: IIFS CPI F 0807
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: 2007 Revisions/Kathy

Disposition

Disposition Date: 09/26/2007
Effective Date (New): 10/01/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: YTYC-125294696 State: Arkansas
 Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
 Company Tracking Number: IIFS CPI F 0807
 TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
 Product Name: Collateral Protection Insurance
 Project Name/Number: 2007 Revisions/Kathy

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization Letter	Approved	Yes
Supporting Document	Mark up copies	Approved	Yes
Supporting Document	filing memorandum	Approved	Yes
Form	Master Policy Declarations	Approved	Yes
Form	Master Policy Declaration	Approved	Yes
Form	Irregular/Single Payment Instruments Endorsement	Approved	Yes
Form	Master Policy Application	Approved	Yes

SERFF Tracking Number: YTYC-125294696 State: Arkansas
 Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
 Company Tracking Number: IIFS CPI F 0807
 TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
 Product Name: Collateral Protection Insurance
 Project Name/Number: 2007 Revisions/Kathy

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Master Policy Declarations	IIFS.71.10	0807 03-CPI- 01-0807	Declaration Replaced s/Schedule	Replaced Form #:0.00 1003 version Previous Filing #:		IIFS.71.1003 -CPI-01- 0807 CPI annualdec.p df
Approved	Master Policy Declaration	IIFS.71.10	0807 04-CPI- 01-0807	Declaration Replaced s/Schedule	Replaced Form #:0.00 1003 version Previous Filing #:		IIFS.71.1004 -CPI-01- 0807 CPI contdec.pdf
Approved	Irregular/Single Payment Instruments Endorsement	IIFS.71.10	0807 08-CPI- 01-0807	Endorseme Replaced nt/Amendm ent/Condi tions	Replaced Form #:0.00 1003 version Previous Filing #:		IIFS.71.1008 -CPI-01- 0807 IRREGULAR SINGLEPAY .pdf
Approved	Master Policy Application	IIFS.71.10	0807 51-CPI- 01-0807	Application/ New Binder/Enro llment		0.00	IIFS.71.1051 -CPI-01- 0807 CPI App generic.pdf

COLLATERAL PROTECTION MASTER POLICY DECLARATIONS

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Credit Insurance Division

P. O. Box 9007 League City, TX 77574-9007

DECLARATIONS

Policy No.

Agent



Item 1. Named Insured (Lender) and Mailing Address (No. Street, City or Town, County, State, Zip Code)
 Name
 Address
 City County State Zip Code

Item 2. From: To: 12:01a.m., Standard Time at the address
 of the Named Insured (Lender) .

Item 3. Coverage Provided and Premium: This Policy provides only that coverage where appears in the box beside the coverage.

PART I COVERAGES

Comprehensive and Collision

Lender & Borrower Deductible Amount \$
 Part I Rate: Annual Monthly Term MOB

PART II COVERAGES

- | | LIMIT PER LOAN | RATE |
|---|----------------|------|
| <input type="checkbox"/> A. Instrument Non-Filing Coverage | \$ | |
| <input type="checkbox"/> B. Repossessed Property Coverage | | days |
| <input type="checkbox"/> C. Mechanics Lien Reimbursement Coverage | \$ | |
| <input type="checkbox"/> D. Repossession and Return Expense with Loss Reimbursement Coverage | \$ | |
| <input type="checkbox"/> E. Repossession Storage Expense With Loss Reimbursement Coverage at \$15.00 a day | | days |
| <input type="checkbox"/> F. Repossession Expense Reimbursement With or Without Loss Coverage
Towing Expense \$
Storage Expense at \$ a day up to \$
Repossession Return Expense \$
Combined Limit and Rate \$ | | |
| <input type="checkbox"/> G. Premium Coverage | \$ | |
| <input type="checkbox"/> H. Mechanical Breakdown Coverage | \$ | |
| <input type="checkbox"/> I. Insufficient Insurance Coverage | \$ | |
| <input type="checkbox"/> J. Conversion or Secretion | \$ | |
| <input type="checkbox"/> a. Standard Coverage | | |
| <input type="checkbox"/> b. Broad Coverage | | |
| <input type="checkbox"/> K. Broad Form Mechanics Lien and Repossession Expense (see C.,D., and E. for Limits) | | |

Item 4. Minimum Contract Balance \$
 Maximum Contract Balance \$
 Maximum Term of Loan Of Months

Reporting Period Monthly Quarterly Annually N/A

Item 5. Schedule of Eligible Property:

Item 6. Endorsements:

Date of Issue _____ Countersignature _____
Authorized Representative

THIS POLICY DOES NOT PROVIDE PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO FAULT LAW.

THIS POLICY PRINCIPALLY PROVIDES COVERAGE TO THE LENDER AND PROVIDES ONLY LIMITED COVERAGE TO THE BORROWER.

The Declarations page together with master policy and endorsements, if any, issued to form part thereof, completes the above numbered policy.

Item 5. Schedule of Eligible Property:

Item 6. Endorsements:

Date of Issue _____ Countersignature _____
Authorized Representative

THIS POLICY DOES NOT PROVIDE PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO FAULT LAW.

THIS POLICY PRINCIPALLY PROVIDES COVERAGE TO THE LENDER AND PROVIDES ONLY LIMITED COVERAGE TO THE BORROWER.

The Declarations page together with master policy and endorsements, if any, issued to form part thereof, completes the above numbered policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
Credit Insurance Division
P. O. Box 9007
League City, Texas 77574-9007

COLLATERAL PROTECTION POLICY

IRREGULAR/SINGLE PAYMENT INSTRUMENTS ENDORSEMENT

Endorsement No. _____

This Coverage Endorsement is attached to and forms a part of Policy No. _____ and is subject to all the terms and conditions of the Policy not inconsistent herewith.

Issued to _____

Effective Date of Endorsement _____ Date of Issue _____

We agree that **your** Policy is extended to include the following coverage for **your** interest only:

IRREGULAR/SINGLE PAYMENT INSTRUMENTS - EXCLUSION no. 19 of **PART I EXCLUSIONS** is removed from the policy and the definition of **property** is amended as follows:

We agree that eligible **property** will include collateral specifically described in the declarations and subject to loans repayable in other than regular monthly installments.

This extension shall not apply SECTION II – INSURING AGREEMENTS – COVERAGE AGREEMENT - PART II coverage J., **CONVERSION OR SECRETION COVERAGE**.

COLLATERAL PROTECTION MASTER POLICY APPLICATION

1. **LENDER INFORMATION:** Master Policy # _____
 Named Insured _____ Lender # _____

Insured Address _____

Correspondence Directed to _____ Phone _____

2. **POLICY PERIOD:** From _____ To _____

3. **INSURANCE COMPANY:** _____

4. **COVERAGES, LIMITS and RATES PART I COVERAGES:**

() Comp & Coll	Base Rate	Surcharge(s)	Modification	Final		
() Term Rate	_____ %	X _____ %	X _____ %	_____ %	Deductible	\$ _____
() Annual Rate	_____ %	X _____ %	X _____ %	_____ %	Minimum Contract Balance	\$ _____
() Monthly Rate	_____ %	X _____ %	X _____ %	_____ %	Maximum Contract Balance	\$ _____
() MOB Rate	_____ %	X _____ %	X _____ %	_____ %	Maximum Term of Loan	_____

List Surcharge(s) applied to Base Rate: _____

Justification of Credit/Debit Deviation (State Risk Modifier(s) and Percentage(s) used): _____

PART II COVERAGES: The Policy provides only coverage(s) where (X) appears in the box beside the coverage.

- () A. Instrument Non-Filing Coverage (maximum limit \$100,000.) \$ _____
- () B. Repossessed Property Coverage (option of 60 or 90 days.) _____ days
- () C. Mechanics Lien Reimbursement Coverage (option of \$500, \$1000, or \$2000) \$ _____
- () D. Repossession And Return Expense With Loss Reimbursement Coverage:
 (option of \$250, \$500 or \$750) \$ _____
- () E. Repossession Storage Expense With Loss Reimbursement Coverage
 _____ Days @ \$15 per Day (option of 20, 40 or 60 days) _____
- Select D E or D & E combined
- () F. Repossession Expense With Or Without Loss Reimbursement Coverage
 - Towing Expense (\$500 or \$750 limits) \$ _____
 - Storage Expense @ \$15 per day (\$500, \$600, or \$750 limits) \$ _____
 - Repossession Return Expense (\$500 or \$750 limits) \$ _____
 - Combined Limit (\$500, \$750 or \$2000 limits) \$ _____

NOTE: Coverage F. not available combined with D, E, or D & E combined.

- () G. Premium Coverage \$ _____
- () H. Mechanical Breakdown Coverage (option of \$300 or \$500 limits) \$ _____
- () I. Insufficient Insurance Coverage (option of \$100, \$150, \$200 or \$500 limits) \$ _____
- () J. Conversion or Secretion (maximum limit \$100,000)
 - () Standard Coverage \$ _____
 - () Broad Form Coverage \$ _____
- () Broad Form Mechanics Lien and Repossession
 Expense Reimbursement (offered by use of endorsement [IIFS.71.1010-CPI-00-0205]) \$ _____

Total Part II Quarterly Rate _____

Final Rate _____

5. **SPECIAL ENDORSEMENTS:** _____

6. **REPORTING PERIOD - PART II:** () Monthly () Quarterly () Annually

7. **COMMENTS:** Eligible Property: _____

8. **PRODUCER:**

Agency Name _____ Agent Code _____

By _____ Date _____

Name & License # of Countersigning Agent (if applicable, resident agent must be licensed and appointed): _____

SERFF Tracking Number: *YTYC-125294696* *State:* *Arkansas*
Filing Company: *American National Property And Casualty* *State Tracking Number:* *AR-PC-07-026136*
Company Tracking Number: *IIFS CPI F 0807*
TOI: *28.0 Credit* *Sub-TOI:* *28.0002 Creditor-Placed Auto*
Product Name: *Collateral Protection Insurance*
Project Name/Number: *2007 Revisions/Kathy*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: YTYC-125294696 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026136
Company Tracking Number: IIFS CPI F 0807
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: 2007 Revisions/Kathy

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/26/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Filing Authorization Letter **Review Status:** Approved 09/26/2007

Comments:

Attachment:

SERFF Filing Authorization Let 2007 07 24.pdf

Satisfied -Name: Mark up copies **Review Status:** Approved 09/26/2007

Comments:

Attachments:

IIFS 71 1003 Collateralprotectionannualdec mark up.pdf
IIFS 71 1004 Collateralprotectioncontdec mark up.pdf
IIFS 71 1008 IRREGULARSINGLEPAY mark up.pdf

Satisfied -Name: filing memorandum **Review Status:** Approved 09/26/2007

Comments:

Attachment:

Filing memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

OFFICE OF THE GENERAL COUNSEL

Robert J. Campbell, Sr. Vice President
General Counsel & Corporate Secretary
Tel.: 417-887-4990, Ext. 2206
E-mail: rjcampbell@anpac.com

American National Corporate Centre
1949 East Sunshine
Springfield, MO • 65899-0001
Fax: 417-887-0523

July 24, 2007

Commissioner of Insurance

Re: American National Property And Casualty Company (ANPAC)
NAIC Number 408-28401

Dear Commissioner:

This is notification that we authorize the following firm to make filings on behalf of American National Property And Casualty Company:

Year to Year Consulting, L.L.C.
1580 N. Point Prairie Road
Foristell, MO 63348
Phone: 636-639-1880
Contact person: Steve Rush, Managing Member

Should you have any questions regarding the above, please contact me accordingly.

Sincerely,



Robert J. Campbell
Senior Vice President/General Counsel/Corporate Secretary
Chief Claims Officer



Item 5. Schedule of Eligible Property:

Item 6. Endorsements:

Date of Issue _____ Countersignature _____
Authorized Representative

THIS POLICY DOES NOT PROVIDE PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO FAULT LAW.

THIS POLICY PRINCIPALLY PROVIDES COVERAGE TO THE LENDER AND PROVIDES ONLY LIMITED COVERAGE TO THE BORROWER.

The Declarations page together with master policy and endorsements, if any, issued to form part thereof, completes the above numbered policy.

Item 5. Schedule of Eligible Property:

Item 6. Endorsements:

Date of Issue _____ Countersignature _____
Authorized Representative

THIS POLICY DOES NOT PROVIDE PROTECTION AGAINST BODILY INJURY OR PROPERTY DAMAGE LIABILITY, NOR DOES IT PROVIDE PERSONAL INJURY PROTECTION BENEFITS, AND WILL NOT FULFILL THE REQUIREMENTS OF ANY FINANCIAL RESPONSIBILITY OR NO FAULT LAW.

THIS POLICY PRINCIPALLY PROVIDES COVERAGE TO THE LENDER AND PROVIDES ONLY LIMITED COVERAGE TO THE BORROWER.

The Declarations page together with master policy and endorsements, if any, issued to form part thereof, completes the above numbered policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
Credit Insurance Division
P. O. Box 9007
League City, Texas 77574-9007

COLLATERAL PROTECTION POLICY

IRREGULAR/SINGLE PAYMENT INSTRUMENTS ENDORSEMENT

Endorsement No. _____

This Coverage Endorsement is attached to and forms a part of Policy No. _____ and is subject to all the terms and conditions of the Policy not inconsistent herewith.

Issued to _____

Effective Date of Endorsement _____ Date of Issue _____

We agree that your Policy is extended to include the following coverage for your interest only:

IRREGULAR/SINGLE PAYMENT INSTRUMENTS - EXCLUSION no. 19 of **PART I EXCLUSIONS** is removed from the policy and the definition of property is amended as follows:

We agree that eligible property will include collateral specifically described in the declarations and subject to loans repayable in other than regular monthly installments.

This extension shall not apply SECTION II - INSURING AGREEMENTS - COVERAGE AGREEMENT - PART II coverage J., CONVERSION OR SECRETION COVERAGE.

Deleted: This extension shall not apply
**PART II COVERAGES G., CONVERSION
SECRETION COVERAGE.¶**

Deleted: 00
Deleted: 1003

AMERICAN NATIONAL PROPERTY AND CASUALTY INSURANCE COMPANY

COLLATERAL PROTECTION INSURANCE PROGRAM

FILING MEMORANDUM

The purpose of this program is to provide force placed comprehensive and collision coverage for the benefit of a lender who issued credit to their customer. Coverage for the lender is required when the customer allows their own physical damage insurance to lapse.

Agents track the loans for insurance coverage. When the customer's physical damage insurance lapses, a Collateral Protection Notice of Insurance is issued for the lender's benefit until such time as the customer's insurance is reinstated.

Collateral Protection Master Policy, is issued to the insured lender. It divides coverages into Part I and Part II. Part I coverages are Comprehensive and Collision, and are applicable to both the insured and the borrower. Part II coverages are applicable only to the insured lender, and as indicated on our Rate Schedule, are paid for entirely by the insured.

Borrower's Notice of Insurance, provides pertinent coverage information to the Borrower. It contains most of the policy provisions of the master policy, but it does not contain provisions which are only applicable to the named insured, such as Part II Coverages, Part II Exclusions and other Conditions that affect the named insured only. This is explained in the section titled "Read This Notice Carefully" on page one.