

SERFF Tracking Number: YTYC-125533591 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: EFT \$50
Company
Company Tracking Number: CPI F 0308
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: Application w/o Lender options/kathy

Filing at a Glance

Company: American National Property And Casualty Company

Product Name: Collateral Protection Insurance SERFF Tr Num: YTYC-125533591 State: Arkansas
TOI: 28.0 Credit SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 28.0002 Creditor-Placed Auto Co Tr Num: CPI F 0308 State Status: Fees verified and received
Filing Type: Form Co Status: submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Authors: Kathleen Lohmann, Alicia Williams, Sandy Huett, Scott Rush, Julia Cook, Robert Koch Disposition Date: 03/19/2008
Date Submitted: 03/13/2008 Disposition Status: Approved
Effective Date Requested (New): 04/29/2008 Effective Date (New): 04/29/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Application w/o Lender options Status of Filing in Domicile: Pending
Project Number: kathy Domicile Status Comments: state of domicile is Missouri.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/19/2008
State Status Changed: 03/19/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are submitting the captioned for your review and approval. The application is new and will not replace any form previously approved. It will be used with policy CPP-21-AR approved for use 05/04/1999.

This program is designed to protect the interest of the lender and borrower in collateral used to secure a loan. The

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American National Property And Casualty \$50.00 03/13/2008 18600447
Company

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/19/2008	03/19/2008

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Disposition

Disposition Date: 03/19/2008

Effective Date (New): 04/29/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *YTYC-125533591* State: *Arkansas*
 Filing Company: *American National Property And Casualty* State Tracking Number: *EFT \$50*
Company
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application	CPA-10-AR	03/08	Application/ New Binder/Enrollment		0.00	CPA-10-AR ANICO AT RISK Tracking Application.pdf

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Credit Insurance Division
P. O. Box 9007
League City, TX 77574-9007
(called "we," "us" or "our")

APPLICATION FOR COLLATERAL PROTECTION INSURANCE

PART I – APPLICANT INFORMATION

Account Name			
Address 1			
City State		Zip	
Contact		Phone Number	()
Current number of outstanding loans		Outstanding balance on loans eligible for CPI	
CPI notices of insurance to be written:	<input type="checkbox"/> Annual		

PART II – COVERAGES REQUESTED

Deductible Options	Borrower	\$200	Lender	\$200
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PART III – INSURED COLLATERAL TYPES

<input type="checkbox"/> Private Passenger Auto/Vans	<input type="checkbox"/> Light Trucks	<input type="checkbox"/> Boats and Trailers	<input type="checkbox"/> Motorcycles
<input type="checkbox"/> Motor Homes & RVs (including Jet Skis and Snowmobiles)	<input type="checkbox"/> Mobilehomes		

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE COMPANY AND NOTHING CONTAINED HEREIN SHALL BE BINDING UPON THE COMPANY UNLESS AND UNTIL THIS APPLICATION IS APPROVED AND ACCEPTED BY THE COMPANY. THE POLICY EFFECTIVE DATE WILL BE ASSIGNED BY THE COMPANY.

Fraud Warning: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

_____ Signature of Applicant	_____ Title	_____ Date
_____ (Please Print Name)	_____ Requested Effective Date	

GENERAL AGENT:		
CODE NUMBER		SUB CODE NO.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/19/2008

Comments:

Attachment:

pc_trans.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 03/19/2008

Comments:

Attachment:

SERFF Filing Authorization Let 2007 07 24.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="border: none; text-align: center;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none; text-align: center;">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 #
American National Financial Group	408

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American National Property and Casualty Company	Missouri	28401	43-1010895	

5. Company Tracking Number	CPI F 0308
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kathleen Lohmann	Assistant Manager	636-693-1880	636-693-1233	kathy@y2yc.com
1580 N. Point Prairie Road Foristell, MO 63348				

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

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

9. Type of Insurance (TOI)	28.0 Credit
10. Sub-Type of Insurance (Sub-TOI)	28.0002 Creditor Placed Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Collateral Protection Insurance
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 04/29/2008 Renewal:
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	03/13/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CPI F 0308
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are submitting the captioned for your review and approval. The application is new and will not replace any form previously approved. It will be used with policy CPP-21-AR approved for use 05/04/1999.

This program is designed to protect the interest of the lender and borrower in collateral used to secure a loan. The policy provides protection against theft and for direct, sudden and accidental loss of or damage to the insured collateral by any external cause, except as specifically excluded in the policy. The lender is charged for coverages not benefiting the borrower.

Unless otherwise advised by your department, we may find it necessary to vary the layout of the insurance information in the application subsequent to your department's formal filing. These changes may become necessary in order to accommodate the data processing system of the lender.

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]
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Check #:
Amount: \$50.00 EFT

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.)**

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 #	CPI F 0308
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Application	CPA-10-AR	<input checked="" 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		

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

