

SERFF Tracking Number: ANPC-127106924 State: Arkansas
 First Filing Company: American National General Insurance Company, State Tracking Number:
 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Filing at a Glance

Companies: American National General Insurance Company, American National Property And Casualty Company
 Product Name: Homeowners SERFF Tr Num: ANPC-127106924 State: Arkansas
 TOI: 04.0 Homeowners SERFF Status: Closed-Filed State Tr Num:
 Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: 03-H-G-11-0091 State Status:
 Combinations
 Filing Type: Rate/Rule Reviewer(s): Becky Harrington,
 Nancy Horton
 Author: Kelly Bennett Disposition Date: 05/25/2011
 Date Submitted: 05/09/2011 Disposition Status: Filed
 Effective Date Requested (New): 07/20/2011 Effective Date (New): 07/20/2011
 Effective Date Requested (Renewal): 07/20/2011 Effective Date (Renewal):
 07/20/2011

State Filing Description:

General Information

Project Name: AR ANPAC/ANG Home Rate Status of Filing in Domicile:
 Project Number: 414973 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 05/25/2011
 State Status Changed: Deemer Date:
 Created By: Kelly Bennett Submitted By: Kelly Bennett
 Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to implement various changes in our Homeowners Program in Arkansas. Please see accompanying actuarial memorandum and exhibits for more detail on the rate change. In an effort to allow for an adequate rate for our renewal book of business, we are proposing to remove the 20% cap on yearly increases in premium.

Miscellaneous Rate and Endorsement Page Revisions

In ANPAC Home only, Rule A is revised to remove the eligibility requirement that at least one vehicle have both

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Comprehensive and Collision coverages. Additionally, Rule A is editorially revised to remove the section that referenced policies enrolled in CASHBACK prior to March 26, 2008, as this wording is no longer relevant to our current book of business. Finally, under Refund Conditions and Procedures, Item 8) is revised for clarification.

In ANG Home only, Rule A is revised to delete the enrollment eligibility requirements. Since ANG clients may no longer qualify for enrollment in CASHBACK, this wording is no longer relevant. Additionally, Refund Conditions and Procedures are revised to add new Item 8), which states that if any new policy on the account is written in American National General Insurance Company, then the account will no longer qualify for CASHBACK. The aforementioned requirement was previously included in the section of the rule that has now been deleted.

Rule D, Utilities/Roof Rating Plan, was revised to include roof coverings meeting FM Global's testing criteria of FM 4473 as eligible to receive the impact resistance credits currently available to roofs meeting the UL 2218 standard. This rule is also revised to clarify that if the year the dwelling was completed is different from the year construction began, the later year shall apply.

The rule for Equipment Breakdown Coverage, SH-91909, was revised to specify that special acceptance from the reinsurer may be allowed for risks where Coverage A exceeds \$5 million. Premium would be determined on an individual risk basis.

We propose this filing become effective August 2, 2011, for new business and renewals. Please note that we have made a corresponding rental owners rate and rule filing in American National Property And Casualty Company with the same effective date.

If you have any questions regarding this filing, please contact me at 417-887-4990, extension #2009, fax number 417-877-5014, or via my E-mail address listed below.

Please acknowledge receipt and approval in your usual manner.

Sincerely,

Kelly Bennett
Regulatory Compliance Analyst II
E-mail: kbennett@anpac.com

Company and Contact

Filing Contact Information

SERFF Tracking Number: ANPC-127106924 State: Arkansas
 First Filing Company: American National General Insurance Company, State Tracking Number:
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 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Kelly Bennett, Regulatory Compliance Analyst lkbenett@anpac.com
 American National Corporate Centre 417-887-4990 [Phone] 2009 [Ext]
 1949 E. Sunshine 417-877-5014 [FAX]
 Springfield, MO 65899-0251

Filing Company Information

American National General Insurance Company CoCode: 39942 State of Domicile: Missouri
 American National Corporate Centre Group Code: 408 Company Type: Property and
 Casualty
 1949 East Sunshine Group Name: State ID Number:
 Springfield, MO 65899-0251 FEIN Number: 43-1223793
 (417) 887-4990 ext. [Phone]

 American National Property And Casualty CoCode: 28401 State of Domicile: Missouri
 Company Group Code: 408 Company Type: Property And
 Casualty
 1949 East Sunshine Group Name: State ID Number:
 Springfield, MO 65899-0251 FEIN Number: 43-1010895
 (417) 887-4990 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National General Insurance Company	\$0.00	05/09/2011	
American National Property And Casualty Company	\$100.00	05/09/2011	47396299

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 ...
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 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	05/25/2011	05/25/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	05/20/2011	05/20/2011	Kelly Bennett	05/23/2011	05/24/2011
Pending Industry Response	Becky Harrington	05/09/2011	05/09/2011	Kelly Bennett	05/16/2011	05/16/2011

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Disposition

Disposition Date: 05/25/2011
 Effective Date (New): 07/20/2011
 Effective Date (Renewal): 07/20/2011
 Status: Filed
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National General Insurance Company	75.400%	9.600%	\$28,392	388	\$295,961	10.300%	0.000%
American National Property And Casualty Company	75.400%	9.700%	\$449,964	4,874	\$4,646,056	10.600%	0.000%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 75.400%
 Overall Percentage Rate Impact For This Filing 9.700%
 Effect of Rate Filing-Written Premium Change For This Program \$478,356

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973
Effect of Rate Filing - Number of Policyholders Affected 5,262

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	Yes
Supporting Document	H-1 Homeowners Abstract	Filed	Yes
Supporting Document (revised)	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document (revised)	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Supporting Document	Exhibits	Filed	Yes
Supporting Document	Supplemental Exhibits 5-16-11	Filed	Yes
Supporting Document	Supplemental Exhibits 5-23-11	Filed	Yes
Rate (revised)	ANPAC Rate Pages	Filed	Yes
Rate	ANPAC Rate Pages		Yes
Rate	ANPAC Miscellaneous Rate and Endorsement Pages	Filed	Yes
Rate (revised)	ANG Rate Pages	Filed	Yes
Rate	ANG Rate Pages		Yes
Rate	ANG Miscellaneous Rate and Endorsement Pages	Filed	Yes

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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...
Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/20/2011

Submitted Date 05/20/2011

Respond By Date

Dear Kelly Bennett,

This will acknowledge receipt of the recent response.

Objection 1

Comment: Commissioner Bradford has reviewed the rate request. Please amend the overall increase amount to 10%.

Objection 2

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: Please submit a revised HPCS.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/23/2011
 Submitted Date 05/24/2011

Dear Becky Harrington,

Comments:

We propose the effective date for this filing be revised to 7/20/2011 for new business and renewal business. This revised effective date has also been added to the post-submission update.

Response 1

Comments: The overall rate increase has been amended as required. Proposed base rates for Dwelling forms will continue to be increased uniformly by zone from their present values, and are provided with the resulting overall premium changes on pages 1 – 2 and page 5 of Revised Exhibit X. Proposed base rates for Contents forms will remain at their present values, and are provided with the resulting overall premium changes on pages 3 – 4 and pages 6 – 7 of Revised Exhibit X.

Related Objection 1

Comment:

Commissioner Bradford has reviewed the rate request. Please amend the overall increase amount to 10%.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Supplemental Exhibits 5-23-11

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
ANPAC Rate Pages	HR-1.001 to 1.014 (5-11)	Replacement	
Previous Version			
ANPAC Rate Pages	HR-1.001 to 1.014 (4-11)	Replacement	
ANG Rate Pages	HR-1.001 to HR-1.009 (5-11)	Replacement	

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Previous Version

ANG Rate Pages HR-1.001 to HR-1.009 (4-11) Replacement

Response 2

Comments: The revised HPCS and rate filing abstracts have been attached.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

Please submit a revised HPCS.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Kelly Bennett

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...
Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2011
Submitted Date 05/09/2011

Respond By Date

Dear Kelly Bennett,

This will acknowledge receipt of the captioned filing.

Objection 1

- Actuarial Memorandum (Supporting Document)
- Exhibits (Supporting Document)

Comment: Please explain why 10% was chosen as the year-to-year growth factor. (exponential severity column of Exhibit VI page 1)

Compare Exhibit VI with Supplemental Exhibit A (page 3) of the previous filing.

Objection 2

Comment: Please explain the increase in the profit provision.

Objection 3

Comment:

The overall rate change amounts greater than 6% are subject to Commissioner Bradford's review.

NOTICE regarding, corrections to filings and scrivener's Errors:

Effective for all filings made on or after June 1, 2011, Arkansas no longer allows the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

SERFF Tracking Number: ANPC-127106924 State: Arkansas
First Filing Company: American National General Insurance Company, State Tracking Number:
...
Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/16/2011
Submitted Date 05/16/2011

Dear Becky Harrington,

Comments:

Response 1

Comments: The ultimate average severities for the Wind/Hail loss experience included in page 1 of Exhibit VI were fitted to an exponential curve, and the year-to-year growth factor in the fitted severities was calculated as approximately 10%. In this analysis, ultimate average severities for years 1996 and 1997 were identified as outliers and were not included in the regression analysis as shown on page 1 of Supplemental Exhibit I. Pages 2 and 3 of Supplemental Exhibit I provide graphs of the ultimate average severities before and after the adjustment for outliers as well as the exponential curve that was used to estimate the severity trend.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)
- Exhibits (Supporting Document)

Comment:

Please explain why 10% was chosen as the year-to-year growth factor. (exponential severity column of Exhibit VI page 1)

Compare Exhibit VI with Supplementagl Exhibit A (page 3) of the previous filing.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Supplemental Exhibits 5-16-11

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: ANPC-127106924 State: Arkansas
First Filing Company: American National General Insurance Company, State Tracking Number:
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Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Response 2

Comments: The targeted return on statutory surplus of 18.0% included in this filing is unchanged from the previous filing. The after-tax underwriting profit provision of 9.5% included in this filing has increased from the provision of 8.5% included in the previous filing for two reasons: firstly, the average rate of return on our investment portfolio for 2008 – 2010 was 0.5% lower, on a pre-tax basis, than the average rate of return on our investment portfolio for 2007 – 2009; secondly, the calculation used in previous filing incorrectly subtracted the pre-tax portfolio rate of return from the targeted return on statutory surplus while the calculation used in current filing has been corrected to subtract the after-tax portfolio rate of return.

Additionally, the risk free rate of return included in the current filing was decreased from 1.5% to 1.0% following an analysis of recent treasury yield curve rates, which have decreased similarly since the previous filing.

The decrease in return on investment portfolio and the in the risk free rate of return are the driving factors contributing to the increase in profit provision since the previous filing.

Related Objection 1

Comment:

Please explain the increase in the profit provision.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: We acknowledge that this rate change is subject to Commissioner Bradford's review.

Related Objection 1

Comment:

The overall rate change amounts greater than 6% are subject to Commissioner Bradford's review.

Changed Items:

SERFF Tracking Number: ANPC-127106924 *State:* Arkansas
First Filing Company: American National General Insurance Company, *State Tracking Number:*
...
Company Tracking Number: 03-H-G-11-0091
TOI: 04.0 Homeowners *Sub-TOI:* 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Kelly Bennett

SERFF Tracking Number: ANPC-127106924 State: Arkansas
 First Filing Company: American National General Insurance Company, State Tracking Number:
 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Post Submission Update Request Processed On 05/25/2011

Status: Allowed
Created By: Kelly Bennett
Processed By: Becky Harrington
Comments: overall impact changed per Dept request

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	07/20/2011	08/02/2011
Effective Date Requested (Renew)	07/20/2011	08/02/2011

Company Rate Information:

Company Name:American National General Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.600%	19.300%
Written Premium Change for this Program	\$28392	\$57137
Maximum %Change (where required)	10.300%	20.700%

Company Name:American National Property And Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	9.700%	19.500%
Written Premium Change for this Program	\$449964	\$906532
Maximum %Change (where required)	10.600%	21.200%

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	9.700%	19.500%

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.800%
Effective Date of Last Rate Revision: 10/26/2010
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National General Insurance Company	N/A	75.400%	9.600%	\$28,392	388	\$295,961	10.300%	0.000%

SERFF Tracking Number: ANPC-127106924 State: Arkansas
First Filing Company: American National General Insurance Company, ... State Tracking Number:
Company Tracking Number: 03-H-G-11-0091
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Product Name: Homeowners
Project Name/Number: AR ANPAC/ANG Home Rate/414973

Rate Review Details

COMPANY:

Company Name: American National General Insurance Company

HHS Issuer Id:

Product Names:

Trend Factors:

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period:

Member Months:

Benefit Change:

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium:

Projected Incurred Claims:

Annual \$: Min: Max: Avg:

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 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American National Property And Casualty Company	N/A	75.400%	9.700%	\$449,964	4,874	\$4,646,056	10.600%	0.000%

COMPANY:

Company Name: American National Property And Casualty Company
 HHS Issuer Id:
 Product Names:
 Trend Factors:

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period:

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 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Member Months:
 Benefit Change:
 Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
 Total Incurred Claims:
 Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium:
 Projected Incurred Claims:
 Annual \$: Min: Max: Avg:

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	75.400%
Overall Percentage Rate Impact For This Filing:	9.700%
Effect of Rate Filing - Written Premium Change For This Program:	\$478,356
Effect of Rate Filing - Number of Policyholders Affected:	5262

SERFF Tracking Number: ANPC-127106924 State: Arkansas
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 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 05/25/2011	ANPAC Rate Pages	HR-1.001 to 1.014 (5-11)	Replacement	AR ANP HP-1.001 to 1.014 (5-11).pdf
Filed 05/25/2011	ANPAC Miscellaneous Rate and Endorsement Pages	H-P-Index; H-P- 1 to H-P-25 (4- 11)	Replacement	AR ANP HP 4-11.pdf
Filed 05/25/2011	ANG Rate Pages	HR-1.001 to HR- 1.009 (5-11)	Replacement	AR ANG HP-1.001 to 1.009 (5-11).pdf
Filed 05/25/2011	ANG Miscellaneous Rate and Endorsement Pages	H-P-Index; H-P- 1 to H-P-25 (4- 11)	Replacement	AR ANG HP 4-11.pdf

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Frame

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01955	01955	01955	02021	02021	02317	02721	03255	04059	05460
002	01808	01808	01808	01869	01869	02142	02517	03010	03753	05050
003	03287	03287	03287	03399	03399	03895	04576	05473	06824	09181
004	02378	02378	02378	02459	02459	02818	03310	03959	04937	06642
005	02456	02456	02456	02540	02540	02910	03419	04089	05099	06860
006	02390	02390	02390	02471	02471	02832	03327	03979	04962	06675
007	02504	02504	02504	02589	02589	02967	03486	04169	05198	06994
008	02216	02216	02216	02291	02291	02626	03085	03690	04600	06189
009	02326	02326	02326	02405	02405	02756	03238	03873	04829	06497
010	02872	02872	02872	02970	02970	03403	03998	04782	05962	08021
012	02734	02734	02734	02827	02827	03240	03806	04552	05676	07636
017	01949	01949	01949	02015	02015	02310	02713	03245	04046	05444
024	02484	02484	02484	02568	02568	02944	03458	04136	05157	06938
026	02332	02332	02332	02411	02411	02763	03246	03883	04841	06513
033	02542	02542	02542	02628	02628	03012	03538	04232	05277	07100
037	01876	01876	01876	01940	01940	02223	02611	03124	03895	05240
038	01817	01817	01817	01879	01879	02153	02529	03025	03772	05075
039	02452	02452	02452	02535	02535	02906	03413	04083	05090	06848
040	01659	01659	01659	01715	01715	01966	02309	02762	03444	04634
041	02674	02674	02674	02765	02765	03169	03722	04452	05551	07468
042	02494	02494	02494	02579	02579	02955	03472	04153	05178	06966
043	02489	02489	02489	02574	02574	02949	03465	04144	05167	06952
044	02332	02332	02332	02411	02411	02763	03246	03883	04841	06513

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Veneer

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01629	01629	01629	01736	01736	01969	02590	02852	03810	04913
002	01506	01506	01506	01606	01606	01821	02396	02638	03524	04544
003	02738	02738	02738	02919	02919	03310	04355	04796	06406	08260
004	01981	01981	01981	02112	02112	02395	03151	03470	04635	05976
005	02046	02046	02046	02181	02181	02473	03254	03583	04787	06172
006	01991	01991	01991	02122	02122	02407	03167	03487	04658	06006
007	02086	02086	02086	02224	02224	02522	03318	03653	04880	06293
008	01846	01846	01846	01968	01968	02232	02936	03233	04319	05569
009	01938	01938	01938	02065	02065	02342	03082	03394	04533	05845
010	02392	02392	02392	02550	02550	02892	03805	04190	05598	07217
012	02277	02277	02277	02428	02428	02753	03623	03989	05329	06871
017	01624	01624	01624	01731	01731	01963	02582	02844	03799	04898
024	02069	02069	02069	02206	02206	02501	03291	03624	04841	06242
026	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860
033	02117	02117	02117	02257	02257	02560	03368	03709	04954	06388
037	01563	01563	01563	01666	01666	01889	02486	02737	03656	04714
038	01514	01514	01514	01613	01613	01830	02408	02651	03541	04566
039	02043	02043	02043	02177	02177	02469	03249	03577	04779	06162
040	01382	01382	01382	01473	01473	01671	02198	02420	03233	04169
041	02227	02227	02227	02375	02375	02693	03543	03901	05212	06720
042	02078	02078	02078	02215	02215	02511	03305	03639	04861	06267
043	02073	02073	02073	02210	02210	02506	03298	03631	04851	06255
044	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Brick

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01629	01629	01629	01736	01736	01969	02590	02852	03810	04913
002	01506	01506	01506	01606	01606	01821	02396	02638	03524	04544
003	02738	02738	02738	02919	02919	03310	04355	04796	06406	08260
004	01981	01981	01981	02112	02112	02395	03151	03470	04635	05976
005	02046	02046	02046	02181	02181	02473	03254	03583	04787	06172
006	01991	01991	01991	02122	02122	02407	03167	03487	04658	06006
007	02086	02086	02086	02224	02224	02522	03318	03653	04880	06293
008	01846	01846	01846	01968	01968	02232	02936	03233	04319	05569
009	01938	01938	01938	02065	02065	02342	03082	03394	04533	05845
010	02392	02392	02392	02550	02550	02892	03805	04190	05598	07217
012	02277	02277	02277	02428	02428	02753	03623	03989	05329	06871
017	01624	01624	01624	01731	01731	01963	02582	02844	03799	04898
024	02069	02069	02069	02206	02206	02501	03291	03624	04841	06242
026	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860
033	02117	02117	02117	02257	02257	02560	03368	03709	04954	06388
037	01563	01563	01563	01666	01666	01889	02486	02737	03656	04714
038	01514	01514	01514	01613	01613	01830	02408	02651	03541	04566
039	02043	02043	02043	02177	02177	02469	03249	03577	04779	06162
040	01382	01382	01382	01473	01473	01671	02198	02420	03233	04169
041	02227	02227	02227	02375	02375	02693	03543	03901	05212	06720
042	02078	02078	02078	02215	02215	02511	03305	03639	04861	06267
043	02073	02073	02073	02210	02210	02506	03298	03631	04851	06255
044	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Siding

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01955	01955	01955	02021	02021	02317	02721	03255	04059	05460
002	01808	01808	01808	01869	01869	02142	02517	03010	03753	05050
003	03287	03287	03287	03399	03399	03895	04576	05473	06824	09181
004	02378	02378	02378	02459	02459	02818	03310	03959	04937	06642
005	02456	02456	02456	02540	02540	02910	03419	04089	05099	06860
006	02390	02390	02390	02471	02471	02832	03327	03979	04962	06675
007	02504	02504	02504	02589	02589	02967	03486	04169	05198	06994
008	02216	02216	02216	02291	02291	02626	03085	03690	04600	06189
009	02326	02326	02326	02405	02405	02756	03238	03873	04829	06497
010	02872	02872	02872	02970	02970	03403	03998	04782	05962	08021
012	02734	02734	02734	02827	02827	03240	03806	04552	05676	07636
017	01949	01949	01949	02015	02015	02310	02713	03245	04046	05444
024	02484	02484	02484	02568	02568	02944	03458	04136	05157	06938
026	02332	02332	02332	02411	02411	02763	03246	03883	04841	06513
033	02542	02542	02542	02628	02628	03012	03538	04232	05277	07100
037	01876	01876	01876	01940	01940	02223	02611	03124	03895	05240
038	01817	01817	01817	01879	01879	02153	02529	03025	03772	05075
039	02452	02452	02452	02535	02535	02906	03413	04083	05090	06848
040	01659	01659	01659	01715	01715	01966	02309	02762	03444	04634
041	02674	02674	02674	02765	02765	03169	03722	04452	05551	07468
042	02494	02494	02494	02579	02579	02955	03472	04153	05178	06966
043	02489	02489	02489	02574	02574	02949	03465	04144	05167	06952
044	02332	02332	02332	02411	02411	02763	03246	03883	04841	06513

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Fire Resistive

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01629	01629	01629	01736	01736	01969	02590	02852	03810	04913
002	01506	01506	01506	01606	01606	01821	02396	02638	03524	04544
003	02738	02738	02738	02919	02919	03310	04355	04796	06406	08260
004	01981	01981	01981	02112	02112	02395	03151	03470	04635	05976
005	02046	02046	02046	02181	02181	02473	03254	03583	04787	06172
006	01991	01991	01991	02122	02122	02407	03167	03487	04658	06006
007	02086	02086	02086	02224	02224	02522	03318	03653	04880	06293
008	01846	01846	01846	01968	01968	02232	02936	03233	04319	05569
009	01938	01938	01938	02065	02065	02342	03082	03394	04533	05845
010	02392	02392	02392	02550	02550	02892	03805	04190	05598	07217
012	02277	02277	02277	02428	02428	02753	03623	03989	05329	06871
017	01624	01624	01624	01731	01731	01963	02582	02844	03799	04898
024	02069	02069	02069	02206	02206	02501	03291	03624	04841	06242
026	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860
033	02117	02117	02117	02257	02257	02560	03368	03709	04954	06388
037	01563	01563	01563	01666	01666	01889	02486	02737	03656	04714
038	01514	01514	01514	01613	01613	01830	02408	02651	03541	04566
039	02043	02043	02043	02177	02177	02469	03249	03577	04779	06162
040	01382	01382	01382	01473	01473	01671	02198	02420	03233	04169
041	02227	02227	02227	02375	02375	02693	03543	03901	05212	06720
042	02078	02078	02078	02215	02215	02511	03305	03639	04861	06267
043	02073	02073	02073	02210	02210	02506	03298	03631	04851	06255
044	01943	01943	01943	02071	02071	02348	03090	03402	04545	05860

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

1 - 4 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
002	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
003	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
004	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
005	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
006	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
007	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
008	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
009	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
010	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
012	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
017	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
024	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
026	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
033	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
037	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
038	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
039	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
040	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
041	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
042	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
043	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
044	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
002	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
003	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
004	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
005	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
006	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
007	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
008	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
009	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
010	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
012	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
017	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
024	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
026	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
033	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
037	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
038	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
039	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
040	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
041	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
042	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
043	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
044	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 1 - 4 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
002	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
003	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
004	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
005	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
006	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
007	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
008	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
009	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
010	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
012	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
017	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
024	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
026	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
033	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
037	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
038	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
039	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
040	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
041	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
042	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
043	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
044	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
002	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
003	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
004	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
005	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
006	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
007	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
008	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
009	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
010	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
012	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
017	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
024	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
026	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
033	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
037	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
038	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
039	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
040	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
041	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
042	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
043	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
044	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Frame

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02287	02287	02287	02365	02365	02711	03184	03808	04749	06389
002	02115	02115	02115	02187	02187	02507	02945	03522	04391	05908
003	03846	03846	03846	03977	03977	04557	05353	06403	07984	10741
004	02782	02782	02782	02877	02877	03297	03873	04632	05776	07771
005	02874	02874	02874	02971	02971	03405	04000	04784	05965	08026
006	02796	02796	02796	02891	02891	03314	03892	04656	05805	07810
007	02930	02930	02930	03029	03029	03472	04078	04878	06082	08183
008	02593	02593	02593	02681	02681	03072	03609	04317	05382	07241
009	02721	02721	02721	02814	02814	03225	03788	04531	05650	07601
010	03360	03360	03360	03474	03474	03982	04677	05595	06976	09385
012	03199	03199	03199	03308	03308	03791	04453	05326	06641	08934
017	02280	02280	02280	02358	02358	02702	03174	03797	04734	06369
024	02906	02906	02906	03005	03005	03444	04046	04839	06033	08117
026	02728	02728	02728	02821	02821	03233	03798	04543	05664	07621
033	02974	02974	02974	03075	03075	03524	04140	04952	06174	08307
037	02195	02195	02195	02270	02270	02601	03055	03655	04557	06130
038	02126	02126	02126	02198	02198	02519	02959	03540	04413	05938
039	02869	02869	02869	02966	02966	03400	03993	04777	05956	08013
040	01941	01941	01941	02007	02007	02300	02702	03232	04030	05421
041	03129	03129	03129	03235	03235	03707	04355	05209	06495	08738
042	02918	02918	02918	03017	03017	03458	04062	04858	06058	08150
043	02912	02912	02912	03011	03011	03451	04054	04849	06046	08134
044	02728	02728	02728	02821	02821	03233	03798	04543	05664	07621

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Veneer

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01905	01905	01905	02031	02031	02303	03031	03337	04458	05748
002	01762	01762	01762	01878	01878	02130	02803	03086	04123	05316
003	03204	03204	03204	03415	03415	03873	05096	05611	07495	09664
004	02318	02318	02318	02471	02471	02802	03686	04059	05423	06992
005	02394	02394	02394	02552	02552	02894	03807	04192	05600	07221
006	02329	02329	02329	02483	02483	02816	03705	04080	05450	07027
007	02440	02440	02440	02602	02602	02950	03882	04274	05710	07362
008	02160	02160	02160	02302	02302	02611	03435	03783	05053	06516
009	02267	02267	02267	02417	02417	02740	03606	03971	05304	06839
010	02799	02799	02799	02984	02984	03384	04452	04903	06549	08444
012	02665	02665	02665	02841	02841	03221	04238	04667	06234	08039
017	01900	01900	01900	02025	02025	02296	03021	03327	04444	05730
024	02421	02421	02421	02581	02581	02927	03851	04240	05664	07303
026	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857
033	02477	02477	02477	02641	02641	02995	03941	04339	05797	07474
037	01828	01828	01828	01949	01949	02210	02908	03202	04278	05516
038	01771	01771	01771	01888	01888	02141	02817	03102	04143	05342
039	02390	02390	02390	02548	02548	02889	03801	04186	05591	07209
040	01617	01617	01617	01724	01724	01955	02572	02832	03783	04878
041	02606	02606	02606	02778	02778	03150	04145	04565	06098	07862
042	02431	02431	02431	02591	02591	02938	03866	04257	05687	07333
043	02426	02426	02426	02586	02586	02933	03859	04249	05676	07318
044	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Brick

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01905	01905	01905	02031	02031	02303	03031	03337	04458	05748
002	01762	01762	01762	01878	01878	02130	02803	03086	04123	05316
003	03204	03204	03204	03415	03415	03873	05096	05611	07495	09664
004	02318	02318	02318	02471	02471	02802	03686	04059	05423	06992
005	02394	02394	02394	02552	02552	02894	03807	04192	05600	07221
006	02329	02329	02329	02483	02483	02816	03705	04080	05450	07027
007	02440	02440	02440	02602	02602	02950	03882	04274	05710	07362
008	02160	02160	02160	02302	02302	02611	03435	03783	05053	06516
009	02267	02267	02267	02417	02417	02740	03606	03971	05304	06839
010	02799	02799	02799	02984	02984	03384	04452	04903	06549	08444
012	02665	02665	02665	02841	02841	03221	04238	04667	06234	08039
017	01900	01900	01900	02025	02025	02296	03021	03327	04444	05730
024	02421	02421	02421	02581	02581	02927	03851	04240	05664	07303
026	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857
033	02477	02477	02477	02641	02641	02995	03941	04339	05797	07474
037	01828	01828	01828	01949	01949	02210	02908	03202	04278	05516
038	01771	01771	01771	01888	01888	02141	02817	03102	04143	05342
039	02390	02390	02390	02548	02548	02889	03801	04186	05591	07209
040	01617	01617	01617	01724	01724	01955	02572	02832	03783	04878
041	02606	02606	02606	02778	02778	03150	04145	04565	06098	07862
042	02431	02431	02431	02591	02591	02938	03866	04257	05687	07333
043	02426	02426	02426	02586	02586	02933	03859	04249	05676	07318
044	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Siding

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02287	02287	02287	02365	02365	02711	03184	03808	04749	06389
002	02115	02115	02115	02187	02187	02507	02945	03522	04391	05908
003	03846	03846	03846	03977	03977	04557	05353	06403	07984	10741
004	02782	02782	02782	02877	02877	03297	03873	04632	05776	07771
005	02874	02874	02874	02971	02971	03405	04000	04784	05965	08026
006	02796	02796	02796	02891	02891	03314	03892	04656	05805	07810
007	02930	02930	02930	03029	03029	03472	04078	04878	06082	08183
008	02593	02593	02593	02681	02681	03072	03609	04317	05382	07241
009	02721	02721	02721	02814	02814	03225	03788	04531	05650	07601
010	03360	03360	03360	03474	03474	03982	04677	05595	06976	09385
012	03199	03199	03199	03308	03308	03791	04453	05326	06641	08934
017	02280	02280	02280	02358	02358	02702	03174	03797	04734	06369
024	02906	02906	02906	03005	03005	03444	04046	04839	06033	08117
026	02728	02728	02728	02821	02821	03233	03798	04543	05664	07621
033	02974	02974	02974	03075	03075	03524	04140	04952	06174	08307
037	02195	02195	02195	02270	02270	02601	03055	03655	04557	06130
038	02126	02126	02126	02198	02198	02519	02959	03540	04413	05938
039	02869	02869	02869	02966	02966	03400	03993	04777	05956	08013
040	01941	01941	01941	02007	02007	02300	02702	03232	04030	05421
041	03129	03129	03129	03235	03235	03707	04355	05209	06495	08738
042	02918	02918	02918	03017	03017	03458	04062	04858	06058	08150
043	02912	02912	02912	03011	03011	03451	04054	04849	06046	08134
044	02728	02728	02728	02821	02821	03233	03798	04543	05664	07621

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Fire Resistive

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01905	01905	01905	02031	02031	02303	03031	03337	04458	05748
002	01762	01762	01762	01878	01878	02130	02803	03086	04123	05316
003	03204	03204	03204	03415	03415	03873	05096	05611	07495	09664
004	02318	02318	02318	02471	02471	02802	03686	04059	05423	06992
005	02394	02394	02394	02552	02552	02894	03807	04192	05600	07221
006	02329	02329	02329	02483	02483	02816	03705	04080	05450	07027
007	02440	02440	02440	02602	02602	02950	03882	04274	05710	07362
008	02160	02160	02160	02302	02302	02611	03435	03783	05053	06516
009	02267	02267	02267	02417	02417	02740	03606	03971	05304	06839
010	02799	02799	02799	02984	02984	03384	04452	04903	06549	08444
012	02665	02665	02665	02841	02841	03221	04238	04667	06234	08039
017	01900	01900	01900	02025	02025	02296	03021	03327	04444	05730
024	02421	02421	02421	02581	02581	02927	03851	04240	05664	07303
026	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857
033	02477	02477	02477	02641	02641	02995	03941	04339	05797	07474
037	01828	01828	01828	01949	01949	02210	02908	03202	04278	05516
038	01771	01771	01771	01888	01888	02141	02817	03102	04143	05342
039	02390	02390	02390	02548	02548	02889	03801	04186	05591	07209
040	01617	01617	01617	01724	01724	01955	02572	02832	03783	04878
041	02606	02606	02606	02778	02778	03150	04145	04565	06098	07862
042	02431	02431	02431	02591	02591	02938	03866	04257	05687	07333
043	02426	02426	02426	02586	02586	02933	03859	04249	05676	07318
044	02273	02273	02273	02423	02423	02748	03615	03981	05318	06857

**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
MISCELLANEOUS AND ENDORSEMENT COVERAGES INDEX**

	<u>End. No.</u>	<u>Page</u>
Part I - Miscellaneous Coverages, Credits, and Charges		
Additional Residence Premises - Owner Occupied		H-P-7
Building Additions and Alterations		H-P-7
CASHBACK FROM ANPAC®		H-P-1
Claim Free Plus		H-P-3
Homeowners Advantage Discount		H-P-6
Log Home Surcharge		H-P-7
Non-Weather Related Claims Rating Plan		H-P-5
Optional Liability Limits		H-P-7
Other Structures – Increased Limits		H-P-7
Personal Property		H-P-7
Protective Device Credits		H-P-2
TLC Tri-Line Coverage SM Discount		H-P-5
Utilities/Roof Rating Plan		H-P-3
Part II - Optional Endorsement Coverages and Credits		
Additional Insured Residence Premises	SH-9041	H-P-25
Additional Residence Premises - Rented to Others	SH-9207	H-P-24
Business Merchandise Coverage	SH-9401	H-P-15
Child Care Coverage	SH-9695	H-P-23
Condominium Unit-Owners Rental to Others	SH-6033	H-P-17
Contents Replacement Cost Coverage	SH-9291	H-P-8
Contractors' Interest	SH-9819	H-P-21
Credit Card, Fund Transfer Card, Forgery, and Counterfeit Money	SH-9053	H-P-16
Dwelling Under Construction	SH-9292	H-P-9
Earthquake Coverage – 10% Deductible	SH-9878	H-P-13
Earthquake Coverage – 15% Deductible	SH-91260	H-P-14
Enhanced Protection Package - Gold	SH-31796	H-P-17
Equipment Breakdown Coverage	SH-91909	H-P-20
Excess Dwelling Coverage	SH-71261	H-P-19
Fire Department Service Charge	SH-9304	H-P-16
Home Computer Hardware and Software Coverage	SH-91794	H-P-12
Home Day-Care Coverage	SH-9380	H-P-22
Incidental Business Pursuits	SH-9071	H-P-22
Incidental Farm and Animal Liability Coverage	SH-9072	H-P-21
Increased Coverage for Guns	SH-91044	H-P-11
Increased Coverage for Service Sets	SH-91045	H-P-12
Jewelry, Watches, and Furs Increased Coverage - Form 7	SH-9542	H-P-10
Jewelry, Watches, and Furs - Forms 3, 4, & 6 Broadened	SH-9381	H-P-10
Jewelry, Watches, and Furs - Forms 3, 4, & 6 Broadened Increased Limit	SH-91281	H-P-11
Lenders Loss Payable Endorsement	438BFU	H-P-25
Loss Assessment Coverage	SH-6035	H-P-15
Modified Replacement Cost	SH-31161	H-P-8
Office, Professional, Private School, or Studio Use	SH-9042	H-P-25
Off Premises Structures	SH-9818	H-P-15
Ordinance or Law Coverage	SH-91407	H-P-20
Other Structure Restriction	SH-9833	H-P-15
Personal Injury Coverage	SH-9082	H-P-23
Personal Property - Other Residences	SH-9050	H-P-13
Scheduled Personal Property Coverage	SH-9766	H-P-9
Special Protection Package - Silver	SH-31263	H-P-17
Stolen Identity Package	SH-91465	H-P-20
Supreme Protection Package - Platinum	SH-91801	H-P-18
Tenants Water Bed Liability	SH-4780	H-P-23
Theft Coverage on Dwelling Under Construction	SH-9781	H-P-9
Three- or Four-Family Dwelling Premises Liability	SH-4074	H-P-24
Vacancy Coverage	SH-9807	H-P-17
Water Backup of Sewers and Drains	SH-9661	H-P-16
Water Backup of Sewers and Drains – Broadened	SH-91227	H-P-16

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

I. Miscellaneous Coverages, Credits, and Charges

A. CA\$HBACK FROM ANPAC®

Insureds who remain claim free on all automobile, motor home, camping/travel trailer, motorcycle or recreational vehicle and homeowner policies written in American National Property And Casualty Company for the three-year period after their CA\$HBACK FROM ANPAC® enrollment date, will receive a 25% refund of their combined automobile, motor home, camping/travel trailer, motorcycle or recreational vehicle and homeowner premiums from the third prior year subject to the eligibility requirements as outlined below. Earthquake, Secure I.D. from ANPAC®, and Equipment Breakdown endorsement premiums will not be included in the homeowner premium.

Enrollment eligibility requirements include:

- 1) Insureds who have at least one automobile, motor home, camping/travel trailer, motorcycle or recreational vehicle and one homeowner policy written in American National Property And Casualty Company will be enrolled in the CA\$HBACK program. If any new policy is written in American National General Insurance Company, then the account will no longer qualify for CA\$HBACK FROM ANPAC®.
- 2) All automobile, motor home, camping/travel trailer, motorcycle or recreational vehicle and homeowner policies written in American National Property And Casualty Company are eligible for enrollment in this program.
- 3) All automobile, motor home, camping/travel trailer, motorcycle or recreational vehicle and homeowner policies written in American National Property And Casualty Company under the same account will be required to be enrolled in the plan. An account is made up of individuals living at the same residence, as a family. Dependents of the named insured, temporarily living away from home, can also be included.
- 4) All CA\$HBACK policies must be written in a state where the CA\$HBACK program is available.

The first refund will be made 60 days after the three-year anniversary of the CA\$HBACK enrollment date provided:

- A) there have been no paid claims of any type including not-at-fault claims under any automobile, motor home, camping/travel trailer, motorcycle, recreational vehicle or homeowner policy written in American National Property And Casualty Company during this time period other than automobile Towing and Labor claims, homeowner Earthquake claims, Secure I.D. from ANPAC® claims, and/or Equipment Breakdown claims; and
- B) the insured maintains continuous coverage (no policy is out of force for more than 45 days) on at least one automobile, motor home, camping/travel trailer, motorcycle, or recreational vehicle and one homeowner policy written in American National Property And Casualty Company; and
- C) the CA\$HBACK policies are in a state where the CA\$HBACK program is available.

Subsequent refunds will be made each year 60 days after the enrollment date anniversary provided all eligibility requirements, as listed above, are met. The refund is 25% of the combined automobile, motor home, camping/travel trailer, motorcycle, or recreational vehicle and homeowner written premiums in American National Property And Casualty Company from the third prior year.

Refund Conditions and Procedures:

- 1) The *CA\$HBACK* enrollment date will be used to determine when a refund will be made. This may or may not coincide with the renewal dates of any policies under the program.
- 2) The written premium from each *CA\$HBACK* policy will be used to calculate the refund amount. For policies already in force at the time of enrollment, the written premium of the first renewal after the program enrollment date will be used in the refund amount calculation. Premiums for the Earthquake, Secure I.D. from ANPAC[®], and Equipment Breakdown endorsements will not be included in the calculation of the refund amount.
- 3) A paid claim occurring on or after the insured is a member of the *CA\$HBACK* program, under any policy that is part of a *CA\$HBACK* account, voids a refund only for the next three-year period. Subsequent refunds will be made after the account is claim free again for three years on all *CA\$HBACK* policies.
- 4) If a claim is paid, the three-year time period will begin again starting at the first enrollment anniversary date after the first payment has been made. Exception: If a claim occurs prior to the anniversary date and first payment is made after the anniversary date but before 60 days after the anniversary date, then the three-year time period begins on the most recent anniversary date.
- 5) The date of the first payment of a claim will be considered the claim date when determining the three-year claim free period for refund eligibility. If a payment is made on a claim in two different years, the insured would again be eligible for a refund at the first enrollment anniversary date three years after the first claim payment was made.
- 6) If a *CA\$HBACK* refund is not made due to a paid claim, but later the Company successfully subrogates 100% of the claim, then the amount that should have been refunded to the insured will be refunded.
- 7) All incurred claims must be reported immediately or as soon as reasonably possible.
- 8) Once membership into the *CA\$HBACK* program is terminated, insureds who later requalify will do so with a new *CA\$HBACK* enrollment date. The enrollment eligibility requirements will be applied at the time of requalification.
- 9) Policy lapses of 45 days or less will not affect eligibility. If a policy lapse of more than 45 days occurs, the insured's *CA\$HBACK* enrollment anniversary date will change.

B. PROTECTIVE DEVICE CREDITS

A premium credit may be applied for the protective devices listed below. A full description of each protective device must be shown on the application.

The following premium credits apply for each of the following devices which are properly installed and maintained:

- | | | |
|----|--|-----|
| 1. | Local burglar alarm covering all windows and exterior doors. | 5% |
| 2. | Burglar alarm as in 1, above, reporting to central station or police department. | 10% |
| 3. | Fire alarm reporting to central station or fire department. | 10% |

Any combination of the above credits is allowed but maximum total credit cannot exceed 15%.

Applicable to All Policy Forms.

C. CLAIM FREE PLUS

An insured will receive a Claim Free Plus discount on his/her homeowners policy based upon the length of time the insured has been claim free and his/her account Risk Score. The length of time is calculated as the number of years since the date of the last claim and the effective date of the policy or the effective date of reinstatement for a policy with a lapse in coverage. If a claim exists with an established reserve, the insured is considered claim free as long as no payment has been made on the claim. Equipment Breakdown claims will not be considered. The appropriate Claim Free Plus discount shall be applied according to the schedule below:

Risk Score	Number of Years Claim Free		
	0-2	3-5	6+
619 and below	0%	10%	15%
620 – 674	22%	30%	34%
675 – 729	26%	33%	37%
730 – 769	32%	40%	43%
770 – 809	35%	41%	46%
810 – 854	39%	44%	49%
855 – 899	42%	47%	51%
900 – 949	45%	50%	54%
950 and above	48%	53%	56%
No Hit/No Score	35%	41%	46%

Periodically, account Risk Scores will be updated. If such update results in a change in risk score range, the discount level will be adjusted accordingly. Additionally, under certain circumstances when necessary, such as changing the Risk Score model or receiving a calculated Risk Score for a prior No Match or No Score, a change in discount level can result and will be applied.

D. UTILITIES/ROOF RATING PLAN

A premium adjustment will be made on all Homeowners Dwelling forms depending on the age of the home and the calendar year that any of the following components have been newly installed or completely upgraded:

Heating

Complete replacement of the entire heating system, not including the ductwork or floor/ceiling registers.

All systems must be installed by a qualified contractor to meet or exceed local building codes.

Cooling

Complete replacement of the entire cooling system, not including the ductwork or floor/ceiling registers.

All systems must be installed by a qualified contractor to meet or exceed local building codes.

Roof

A. To determine age of roof - Complete replacement or overlay of the entire roof by a qualified contractor and installed to meet or exceed local building codes.

B. Roof Construction Rating Factors

1. A credit (as listed below) applies to roofs constructed of concrete tile, clay tile, slate, or composite wood fiber/cement.
2. A surcharge (as listed below) applies to roofs constructed of wood shake, wood shingle, or a composition overlay to a wood shake roof.
3. Roof coverings meeting the impact resistance of the Underwriters' Laboratories testing criteria of U. L. Standard 2218 or FM Global's testing criteria of FM 4473 are eligible for a credit, as listed below. Note: The credit is not available when wind and hail coverage is excluded from the policy.

The applicable adjustments are added together to determine the total premium adjustments for the rating plan. The different adjustments depend on the number of years since the home was built or since the heating unit, cooling unit, or roof was newly installed. The maximum discount allowed is 78%.

PREMIUM ADJUSTMENTS										
Home Completed Or Utilities/ Roof Updated	Age of Home	Heating	Cooling	Roof	UL/FM Class 1	UL/FM Class 2	UL/F M Class 3	UL/F M Class 4	Concrete/ Clay Tile, Slate, or Composite Wood Fiber/ Cement	Wood Shake or Shingle
Current Year	-26%	-4%	-1%	-35%	0	0	-6%	-9%	-12%	+10%
1 st Preceding	-25%	-4%	-1%	-33%	0	0	-6%	-9%	-12%	+11%
2 nd Preceding	-24%	-3%	-1%	-32%	0	0	-6%	-9%	-12%	+12%
3 rd Preceding	-23%	-3%	-1%	-30%	0	0	-6%	-9%	-12%	+13%
4 th Preceding	-22%	-3%	-1%	-28%	0	0	-6%	-9%	-12%	+14%
5 th Preceding	-20%	-3%	-1%	-26%	0	0	-5%	-8%	-12%	+15%
6 th Preceding	-19%	-2%	-1%	-23%	0	0	-5%	-7%	-11%	+16%
7 th Preceding	-17%	-2%	-1%	-21%	0	0	-5%	-7%	-11%	+17%
8 th Preceding	-15%	-2%	-1%	-18%	0	0	-4%	-6%	-11%	+18%
9 th Preceding	-13%	-1%	-1%	-15%	0	0	-3%	-5%	-11%	+19%
10 th Preceding	-11%	-1%	-1%	-11%	0	0	-3%	-5%	-10%	+20%
11 th Preceding	-10%	-1%	0	-7%	0	0	-2%	-4%	-10%	+21%
12 th Preceding	-9%	-1%	0	-3%	0	0	-2%	-4%	-10%	+22%
13 th Preceding	-8%	-1%	0	0	0	0	-2%	-4%	-9%	+23%
14 th Preceding	-8%	-1%	0	0	0	0	-1%	-3%	-9%	+24%
15 th Preceding	-7%	0	0	0	0	0	-1%	-3%	-9%	+25%
16 th Preceding	-6%	0	0	0	0	0	0	-2%	-8%	+26%
17 th Preceding	-4%	0	0	0	0	0	0	-2%	-8%	+27%
18 th Preceding	-3%	0	0	0	0	0	0	-1%	-8%	+28%
19 th Preceding	-2%	0	0	0	0	0	0	-1%	-7%	+29%
20 th Preceding	0	0	0	0	0	0	0	0	-7%	+30%
21 st Preceding	0	0	0	0	0	0	0	0	-7%	+32%
22 nd Preceding	0	0	0	0	0	0	0	0	-6%	+34%
23 rd Preceding	0	0	0	0	0	0	0	0	-6%	+36%
24 th Preceding	0	0	0	0	0	0	0	0	-6%	+38%
25 th Preceding	0	0	0	0	0	0	0	0	-5%	+40%
26 th Preceding	0	0	0	0	0	0	0	0	-5%	+42%
27 th Preceding	0	0	0	0	0	0	0	0	-5%	+44%
28 th Preceding	0	0	0	0	0	0	0	0	-4%	+46%
29 th Preceding	0	0	0	0	0	0	0	0	-4%	+48%
30 th Preceding	0	0	0	0	0	0	0	0	-4%	+50%
31 st Preceding	0	0	0	0	0	0	0	0	-3%	+52%
32 nd Preceding	0	0	0	0	0	0	0	0	-3%	+54%
33 rd Preceding	0	0	0	0	0	0	0	0	-3%	+56%
34 th Preceding	0	0	0	0	0	0	0	0	-2%	+58%
35 th Preceding	0	0	0	0	0	0	0	0	-2%	+60%
36 th Preceding	0	0	0	0	0	0	0	0	-2%	+62%
37 th Preceding	0	0	0	0	0	0	0	0	-1%	+64%
38 th Preceding	0	0	0	0	0	0	0	0	-1%	+66%
39 th Preceding	0	0	0	0	0	0	0	0	-1%	+68%
40 th and all additional Preceding	0	0	0	0	0	0	0	0	0	+70%

If the year the dwelling was completed is different from the year construction began, the later year shall apply.

Applicable to Policy Form 3 and Form 7 Only

E. NON-WEATHER RELATED CLAIMS RATING PLAN

The appropriate surcharge shall be applied according to the schedule below:

Number of Qualified Paid Claims in the last 3 years			
0 or 1	2	3	4+
0%	20%	45%	75%

The number of paid claims will be determined by the number of qualified paid claims the policyholder has had in the last 3 years. The length of time is calculated as the 36 months prior to the effective date of the policy or the effective date of reinstatement for a policy with a lapse in coverage. A qualified claim is any non-catastrophe or non-weather related claim which results in a net paid loss during the 3 year period. Losses which have payments under Medical Coverage only, and Equipment Breakdown claims are not considered to be qualified claims.

F. TLC TRI-LINE COVERAGESM DISCOUNT

A 15% TLC Discount will be applied when the appropriate homeowner/Special Farm Package[®], automobile, and life insurance or annuity conditions, as outlined below, have been met by the account.

- The named insured or a member of the named insured's immediate family who resides in the same household, must have an active automobile or motorcycle policy written in American National Property And Casualty Company or an affiliated company.
- Camping/travel trailers, utility trailers, recreational vehicles, and Named Non-Owner auto policies may not be used to qualify a homeowner policy for the TLC Discount.
- The automobile or motorcycle policy must be in force anytime during the 15 days prior to the effective date of the homeowner/Special Farm Package[®] policy; or the qualifying new business automobile or motorcycle policy effective date may not be greater than 90 days after the homeowner/Special Farm Package[®] policy's effective date.
- There must be an active permanent life insurance policy or an annuity policy on the account owner and/or spouse with American National Insurance Company or American National Life Insurance Company of Texas, or Farm Family Life Insurance Company subject to the conditions described herein. Whole Life, Whole Life with term rider, Universal Life, and Variable Universal Life policies are eligible permanent life insurance policies.

One of the following permanent life insurance/annuity conditions must be met in order to qualify for the discount:

1. The amount of such permanent life policy or the sum of the amounts of all such permanent life policies on the account owner and/or spouse must be:
 - Equal to or greater than the Coverage A amount for the Homeowner Dwelling form.
 - Equal to or greater than the Coverage C amount for the Condominium form.
 - Equal to or greater than the maximum of the Coverage C amount or \$100,000 for the Tenant form.
 - Equal to or greater than the Coverage A amount under Division I of the Special Farm Package[®] policy.

This relationship between the amount of permanent life insurance on the account owner and/or spouse and the Coverage A or C amounts must only be met at the inception date of the discount on the account as long as the homeowner/Special Farm Package[®] and life policies remain in force.

If more than one homeowner/Special Farm Package[®] policy exists on the account, the highest Coverage A or C amount at the time of qualification will apply.

If the account changes from a Tenant policy to a Homeowner Dwelling form or Condominium form, the relationship between the amount of life insurance on the account owner and/or spouse and the Coverage A or C amounts must requalify in order for the discount to apply. However, if an account qualifies for the TLC Discount and then subsequently moves their homeowner policy to a Tenant policy, the Tenant policy will count as a qualifying homeowner policy, regardless of the relationship between the Coverage C amount and the life insurance/annuity amount.

2. The amount of such permanent life policy, or the sum of the amounts of all such permanent life policies on the account owner and/or spouse is equal to or greater than \$500,000.
3. The annualized premium for any individual permanent life insurance policy or the sum of the annualized premium amounts of all such permanent life policies on the account owner and/or spouse, is greater than or equal to \$1,200.
4. If the annuity method is selected, the annuity policies on the account owner and/or spouse must have a cash value equal to or greater than \$100,000 at the inception date of the discount.

The TLC Discount may be applied to or deleted from a homeowner policy at the evaluation date. Policies will be evaluated when a new business, corrected new business, renewal, corrected renewal or reinstatement with a lapse transaction is processed. All new business policies will be reviewed 90 days after issue to see if all discount requirements have been met. If not, the discount will be removed from the policy retroactively. All renewal business policies will be reviewed during the 90 days following the renewal effective date to see if all discount requirements have been met. If so, the discount will be applied retroactively to the renewal effective date.

Applicable to All Policy Forms.

G. HOMEOWNERS ADVANTAGE DISCOUNT

For each Homeowner Dwelling form, Tenant Form, and Condominium Form written in American National Property And Casualty Company on the account, a 10% discount applies when the appropriate homeowner and automobile policy conditions, as outlined below, have been met by the account.

- A qualifying automobile policy must be written in American National Property And Casualty Company.
- Camping/travel trailers, utility trailers, motor homes, motorcycles, recreational vehicles, and Named Non-Owner auto policies do not qualify a homeowner policy for the Homeowners Advantage Discount.
- The automobile policy must be in force anytime during the 15 days prior to the effective date of the homeowner policy; or the qualifying new business automobile policy effective date may not be greater than 90 days after the homeowner policy's effective date.

The Homeowners Advantage Discount may be applied to or deleted from a homeowner policy at the evaluation date. Policies will be evaluated when a new business, corrected new business, renewal, corrected renewal or reinstatement with a lapse transaction is processed. All new business policies will be reviewed 90 days after issue to see if all discount requirements have been met. If not, the discount will be removed from the policy retroactively. All renewal business policies will be reviewed during the 90 days following the renewal effective date to see if all discount requirements have been met. If so, the discount will be applied retroactively to the renewal effective date.

Applicable to All Policy Forms.

H. OPTIONAL LIABILITY LIMITS

The premium pages include Coverages E and F coverage limits of \$100,000/\$1,000 for Forms 4 and 6, and \$300,000/\$2,000 for Forms 3 and 7. If other limits are desired, the premium is adjusted according to the table below. In all cases, the limits for Coverages E and F must be the same for all exposures covered under the policy. Coverage F limits are "each person" limits.

Coverage E – Personal Liability Limits	Premium Adjustment			Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
	Form 3 Described Residence	Forms 4 & 6 Described Residence	Form 7 Described Residence	
\$ 25,000	\$-12	\$-2	N/A	\$+1
50,000	-11	-1	N/A	+2
100,000	-10	Base	\$-10	+3
200,000	-5	+5	-5	+4
300,000	Base	+10	Base	+5
500,000	+7	+17	+7	+7
1,000,000	+25	+35	+25	+12

Coverage F – Medical Payments Limits	Premium Adjustment			Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
	Form 3 Described Residence	Forms 4 & 6 Described Residence	Form 7 Described Residence	
\$ 1,000	\$-3	Base	\$-3	\$+2
2,000	Base	\$+3	Base	+3
5,000	+6	+9	+6	+6

I. PERSONAL PROPERTY

1. Increased Limits

When the limit of liability for Coverage C is increased, the additional premium shall be \$0.45 per \$1,000 of insurance.

Applicable to Form 3 and Form 7 Only.

2. Reduction in Limit

The limit of liability for Coverage C may be reduced to an amount not less than 40% of the limit for Coverage A at a credit of \$0.63 per \$1,000 of insurance. Reduction in the limit of liability for Coverage C is not permitted when Endorsement SH-9042 – Office, Professional, Private School, or Studio Use or SH-31263 – Special Protection Package (Silver), SH-31796 – Enhanced Protection Package (Gold), or the SH-91801 - Supreme Protection Package (Platinum) is requested. Form 7 Coverage C may not be reduced.

Applicable to Form 3 Only.

J. OTHER STRUCTURES - Increased Limits

The basic policy provides a 10% of Coverage A extension applicable to Coverage B, Other Structures, located on the residence premises. The structure must be identified and the specific amount of additional coverage must be shown.

When the limit of liability for Coverage B is increased, the additional premium shall be \$2.10 per \$1,000 of insurance.

Applicable to Form 3 and Form 7 Only.

K. BUILDING ADDITIONS AND ALTERATIONS

When the basic limit of \$1,000 is increased, the applicable premium is \$4.45 for each additional \$1,000 of Coverage A.

Applicable to Form 6 Only.

L. LOG HOME SURCHARGE

For homes constructed of full logs, an 75% surcharge applies. The surcharge does not apply to homes with log siding.

Applicable to Form 3 and Form 7 Only.

II. Optional Endorsement Coverages and Credits

A. Section I - Property Damage Coverages and Credits

1. SH-9291 - CONTENTS REPLACEMENT COST COVERAGE

Coverage for personal property may be extended to include the full cost of repair or replacement without deduction for depreciation, subject to the terms of the contents replacement cost endorsement.

When this coverage is provided on a Form 3 policy without Modified Replacement Cost Coverage, Coverage A must be 100% of the dwelling replacement cost.

The additional annual premium for this coverage is determined as follows:

Form 3 - Multiply the total adjusted base premium by 10% (round to the nearest dollar).

Form 4 - Multiply the total adjusted base premium by 30% (round to nearest dollar).

<u>Policy</u>	<u>Minimum Additional Premium</u>
Form 3	\$22
Form 4	24

Applicable to Policy Form 3 and Form 4 Only.
 Coverage required with the Special Protection Package (Silver),
 and the Enhanced Protection Package (Gold).
 Coverage automatically provided with the Supreme Protection Package (Platinum).

2. SH-31161 - MODIFIED REPLACEMENT COST

When a home's market value is 80% or less of its replacement cost, then Modified Replacement Cost will apply. This endorsement revises the Loss Settlement provision for Coverage A allowing us to repair and replace damage to a dwelling with commonly used construction materials and methods. The additional premium is determined by multiplying the total adjusted base premium by the following:

$$\begin{array}{r}
 \text{Replacement Cost Policy} \\
 \text{Amount Factor} \\
 \div \\
 \text{Desired Coverage Policy} \\
 \text{Amount Factor}
 \end{array}
 \times
 \begin{array}{r}
 \text{Replacement Cost Deductible} \\
 \text{Amount Factor} \\
 \div \\
 \text{Desired Coverage Deductible} \\
 \text{Amount Factor}
 \end{array}
 \times
 \begin{array}{r}
 \text{MRC} \\
 \text{Credit} \\
 \text{Factor}
 \end{array}
 = 1$$

MRC Credit Factors for Coverage A Amounts Above \$150,000

>70% but ≤ 80%	0.89
>60% but ≤ 70%	0.87
>50% but ≤ 60%	0.85
>40% but ≤ 50%	0.82
>30% but ≤ 40%	0.79
>20% but ≤ 30%	0.75
≤ 20%	0.70

MRC Credit Factors for Coverage A Amounts At or Below \$150,000

>70% but ≤ 80%	0.96
>60% but ≤ 70%	0.93
>50% but ≤ 60%	0.90
>40% but ≤ 50%	0.87
>30% but ≤ 40%	0.85
>20% but ≤ 30%	0.82
≤ 20%	0.79

Applicable to Policy Form 3 Only.

3. **SH-9292 - DWELLING UNDER CONSTRUCTION**

A Homeowner policy may be issued to cover a dwelling under construction if the construction will be completed and the dwelling occupied within one year from the date construction begins. The effective date of the policy must be the date construction is actually started. If a home has a basement, however, the effective date must be the date construction begins above the level of the lowest basement floor. The amount of coverage provided is provisional.

Upon occupancy or completion, whichever is sooner, the home office must be notified and the policy will be amended to reflect any adjustments. (Refer to further requirements under eligibility section of manual.)

To determine the Dwelling Under Construction credit, multiply the adjusted base premium by 66%.

The Utilities/Roof Rating Plan and Protective Device Credit do not apply to a policy that receives the Dwelling Under Construction credit.

The following endorsements are not available to homes receiving the Dwelling Under Construction Credit: the Special Protection Package (Silver), the Enhanced Protection Package (Gold), and the Supreme Protection Package (Platinum).

Applicable to Policy Form 3 and Form 7 Only.

4. **SH-9781 - THEFT COVERAGE ON DWELLING UNDER CONSTRUCTION**

For an additional premium, theft coverage in or to a newly constructed dwelling prior to occupancy is available if the dwelling is fully enclosed and capable of being locked.

Upon occupancy or completion, whichever is sooner, the home office must be notified and the policy will be amended to reflect any adjustments.

The Dwelling Under Construction Endorsement, SH-9292, must be present in order to add endorsement.

The premium will not be refunded if this endorsement is cancelled.

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$12
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	11
0.5% of Coverage A	10
1% of Coverage A	9
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	8
\$3,000	7
2% of Coverage A	6
\$5,000	4

Applicable to Policy Form 3 and Form 7 Only.

5. **SH-9766 - SCHEDULED PERSONAL PROPERTY COVERAGE**

This endorsement provides specific coverage for certain eligible classes of personal property. Refer to underwriting section for description of eligible classes. Each item must be listed separately and a premium charged accordingly. The amount of coverage shown for each item will be the maximum limit of coverage provided by the Company. Each item must be scheduled for 100% of its current value.

The additional premium for this coverage is:

LIMIT CODE	ELIGIBLE CLASSES	ANNUAL RATES PER \$100 OF INSURANCE DEDUCTIBLE	
		ACV	10%
01	Jewelry	\$ 1.05	\$1.00
02	Furs	0.53	0.50
03	Cameras and Equipment (Noncommercial)	1.50	1.43
04	Musical Instruments* (Nonprofessional Only)	0.63	0.60
05	Silverware	0.30	0.29
06	Sporting Equipment	1.74	1.65
07	Fine Arts	0.39	0.37
08	Stamps	0.74	0.70
09	Coins	1.68	1.60
10	Tools	1.80	1.71
11	Collectibles	0.90	0.86
12	Guns	1.74	1.65
13	Pets		
	First \$200	9.00	8.55
	Each Additional \$100	4.50	4.28

* A professional is a person who receives any remuneration during the term of the policy for playing a musical instrument.

Applicable to All Policy Forms.

6. SH-9542 - JEWELRY, WATCHES, AND FURS INCREASED COVERAGE

This endorsement may be attached to the policy to increase the individual limit for any one such item to \$2,500, with an aggregate total limit of \$5,000 per occurrence, for all perils other than theft. The aggregate limit for theft is the greater of \$5,000 or 1% of Coverage A.

In addition, the endorsement increases the limit of liability for Coverage C by \$5,000 for all perils other than the named perils listed in the policy.

The annual premium for these increased limits is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$21
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	19
0.5% of Coverage A	18
1% of Coverage A	17
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	16
\$3,000	14
2% of Coverage A	13
\$5,000	8

Applicable to Policy Form 7 Only.

Not applicable with the Supreme Protection Package (Platinum).

7. SH-9381 - BROADENED JEWELRY, WATCHES, AND FURS COVERAGE

This endorsement may be attached providing coverage for such items when the loss is caused by direct, physical loss or damage other than any named peril listed in the policy with an individual limit per item of \$1,000 and a total limit of \$2,500 per occurrence.

The Special Limits of Liability under Coverage C – Personal Property, for loss by theft are as follows:

- a. The greater of \$2,500 or ½ of 1% of Coverage A for all Property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-3.
- b. The greater of \$2,500 or 1% of Coverage C for all property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-4.
- c. The greater of \$2,500 or 2% of Coverage C for all property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-6.

The limit of liability shown in the Declarations for Coverage C is increased \$2,500 for covered perils other than the named perils listed in the policy.

The additional premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$8
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	7
0.5% of Coverage A	6
1% of Coverage A	5
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	4
\$3,000	3
2% of Coverage A	2
\$5,000	1

Applicable to Policy Form 3, Form 4, and Form 6 Only for their respective deductible options.
Not applicable with the Supreme Protection Package (Platinum)

8. **SH-91281 - BROADENED JEWELRY, WATCHES, AND FURS COVERAGE – INCREASED LIMIT**

This endorsement may be attached providing coverage for such items when the loss is caused by direct physical loss or damage other than any named peril listed in the policy, with an individual limit per item of \$2,500 and a total limit of \$5,000 per occurrence.

The Special Limits of Liability under Coverage C – Personal Property for losses by theft are as follows:

- The greater of \$5,000 or ½ of 1% of Coverage A for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-3.
- The greater of \$5,000 or 1% of Coverage C for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-4.
- The greater of \$5,000 or 2% of Coverage C for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-6.

The limit of liability shown in the Declarations for Coverage C is increased by \$5,000 for covered perils other than the named perils listed in the policy.

The additional premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$28
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	24
0.5% of Coverage A	23
1% of Coverage A	22
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	20
\$3,000	17
2% of Coverage A	15
\$5,000	9

Applicable to Policy Form 3, Form 4, and Form 6 Only for their respective deductible options.
Not applicable with the Supreme Protection Package (Platinum)

9. **SH-91044 - INCREASED COVERAGE FOR GUNS**

The basic Form 3 and Form 7 policy forms provide theft coverage for guns and related equipment, with a total limit of the greater of \$3,000 or 1% of Coverage A per occurrence.

The basic Form 4 policy form provides theft coverage for guns and related equipment, with a total limit of the greater of \$2,500 or 2% of Coverage C per occurrence.

The basic Form 6 policy form provides theft coverage for guns and related equipment, with a total limit of the greater of \$3,000 or 2% of Coverage C per occurrence.

This endorsement may be attached to these policies to increase the limit to the greater of \$5,000 or 1% of Coverage A (Forms 3 and 7) OR the greater of \$5,000 or 2% of Coverage C (Forms 4 and 6) per occurrence, for loss by theft.

The annual premium for this increased limit is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$8
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	7
0.5% of Coverage A	6
1% of Coverage A	5
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	4
\$3,000	3
2% of Coverage A	2
\$5,000	1

Applicable to All Policy Forms for their respective deductible options. Coverage is automatically provided in Forms 3 and 7 with the Supreme Protection Package (Platinum).

10. SH-91045 - INCREASED COVERAGE FOR SERVICE SETS

The basic Form 3 and Form 7 policy forms provide theft coverage for silverware, goldware, and other service sets with a total limit of the greater of \$2,500 or 1% of Coverage A per occurrence.

The basic Form 4 and Form 6 policy forms provide theft coverage for silverware, goldware, and other service sets with a total limit of the greater of \$2,500 or 2% of Coverage C per occurrence.

This endorsement may be attached to these policies to increase the limit to the greater of \$5,000 or 1% of Coverage A (Forms 3 and 7) OR the greater of \$5,000 or 2% of Coverage C (Forms 4 and 6) per occurrence, for loss by theft.

The annual premium for this increased limit is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$10
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	9
0.5% of Coverage A	8
1% of Coverage A	7
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	6
\$3,000	5
2% of Coverage A	4
\$5,000	3

Applicable to All Policy Forms for their respective deductible options. Coverage is automatically provided in Forms 3 and 7 with the Supreme Protection Package (Platinum).

11. SH-91794 – INCREASED LIMITS FOR HOME COMPUTER HARDWARE AND SOFTWARE

This endorsement provides increased coverage for computer hardware and software whether used for personal or business reasons. For Forms 3 and 7, the basic policy limits for computer hardware and software may be increased up to \$20,000, OR 1% of Coverage A, whichever is greater. For Forms 4 and 6, the basic policy limits for computer hardware and software may be increased up to \$20,000, OR 2% of Coverage C, whichever is greater.

The premium for increased limits for computer hardware and software is \$4 per thousand.

Applicable to All Policy Forms.

12. **SH-9050 - INCREASED LIMITS FOR PERSONAL PROPERTY AT OTHER RESIDENCES**

The basic policy provides a 10% extension of Coverage C for personal property normally located at additional residences away from the residence premises. This endorsement may be attached to provide increased coverage for personal property usually located at any insured's residence other than the residence premises.

The premium for these increased limits is \$5 per thousand.

Applicable to All Policy Forms.

13. **SH-9878 - EARTHQUAKE COVERAGE (10% Deductible)**

NOTE: This endorsement is available only for renewals that currently have this endorsement.

This endorsement amends the policy to include coverage for direct physical loss to property described in Coverages A, B, and C caused by earthquake. When earthquake coverage is provided, it does not increase the limits of liability stated in the policy and does not include the costs of filling land.

The deductible for loss covered under this earthquake endorsement is the amount determined by applying the deductible percentage of **10%** separately to each of the following:

- (a) the limit as shown on the Declarations for Coverage A - Dwelling;
- (b) the limit as shown on the Declarations for Coverage B - Other Structures;
- (c) the limit as shown on the Declarations for Coverage C - Personal Property plus the limit of coverage provided under any Scheduled Personal Property Endorsements.

In addition, the minimum deductible amount for any one covered loss under Coverages A, B, or C shall be \$500 for each coverage that applies to the loss.

NOTE: SPECIAL BINDING AUTHORITY RESTRICTIONS FOR THIS ENDORSEMENT (new or renewal business)

For a period of 30 days, coverage may not be bound on any house within 100 miles of the epicenter of an earthquake measuring 5.0 or greater on the Richter Scale.

The exclusion applying to exterior masonry veneer may be deleted for the additional premium shown below under the All Others category.

The premium for this coverage is:

ZONE	PREMIUM PER \$1,000								APPLIED TO
	FRAME								
	1	2	3	4	5	6	7	8	
FORMS 3 and 7	\$3.58	\$1.69	\$1.69	\$.90	\$.90	\$.53	\$.47	\$.31	Coverage A Limit of Liability
FORMS 4 and 6	.68	.34	.26	.22	.19	.16	.14	.12	Coverage C Limit of Liability
FORMS 3 and 7	.34	.17	.13	.11	.10	.08	.07	.06	Amount of Increase Only
Coverage C Increased Limits									
ALL FORMS	3.58	1.69	1.69	.90	.90	.53	.47	.31	Amount Increased or Added
Appurtenant Structures									

ZONE	PREMIUM PER \$1,000								APPLIED TO
	ALL OTHERS								
	1	2	3	4	5	6	7	8	
FORMS 3 and 7	\$5.34	\$2.52	\$2.52	\$1.35	\$1.35	\$.79	\$.70	\$.47	Coverage A Limit of Liability
FORMS 4 and 6	.68	.34	.26	.22	.19	.16	.14	.12	Coverage C Limit of Liability
FORMS 3 and 7	.34	.17	.13	.11	.10	.08	.07	.06	Amount of Increase Only
Coverage C Increased Limits									
ALL FORMS	5.34	2.52	2.52	1.35	1.35	.79	.70	.47	Amount Increased or Added
Appurtenant Structures									

Zone Definitions

Counties of:	1.	Mississippi	Poinsett	
	2.	Craighead	Crittenden	Cross
	3.	Clay Greene	Jackson	St. Francis
	4.	Independence Lawrence Lee	Monroe Prairie Randolph	White Woodruff
	5.	Arkansas	Lonoke	Phillips
	6.	Chicot Cleveland Dallas Desha	Drew Grant Jefferson Lincoln	Pulaski Saline Sharp
	7.	Ashley Bradley Calhoun	Cleburne Conway Faulkner	Izard Perry
	8.	Remainder of State		

Applicable to All Policy Forms.

14. **SH-91260 - EARTHQUAKE COVERAGE (15% Deductible)**

NOTE: This endorsement is available only for renewals that currently have this endorsement.

This endorsement amends the policy to include coverage for direct physical loss to property described in Coverages A, B, and C caused by earthquake. When earthquake coverage is provided, it does not increase the limits of liability stated in the policy and does not include the costs of filling land.

The deductible for loss covered under this earthquake endorsement is the amount determined by applying the deductible percentage of **15%** separately to each of the following:

- (a) the limit as shown on the Declarations for Coverage A - Dwelling;
- (b) the limit as shown on the Declarations for Coverage B - Other Structures;
- (c) the limit as shown on the Declarations for Coverage C - Personal Property plus the limit of coverage provided under any Scheduled Personal Property Endorsements.

In addition, the minimum deductible amount for any one covered loss under Coverages A, B, or C shall be \$750 for each coverage that applies to the loss.

NOTE: SPECIAL BINDING AUTHORITY RESTRICTIONS FOR THIS ENDORSEMENT (new or renewal business)

For a period of 30 days, coverage may not be bound on any house within 100 miles of the epicenter of an earthquake measuring 5.0 or greater on the Richter Scale.

The exclusion applying to exterior masonry veneer may be deleted for the additional premium shown below under the All Others category.

The premium for this coverage is:

ZONE	PREMIUM PER \$1,000 FRAME								APPLIED TO
	1	2	3	4	5	6	7	8	
FORMS 3 and 7	\$2.51	\$1.18	\$1.18	\$.63	\$.63	\$.37	\$.33	\$.22	Coverage A Limit of Liability
FORMS 4 and 6	.48	.24	.18	.15	.13	.11	.10	.08	Coverage C Limit of Liability
FORMS 3 and 7 Coverage C Increased Limits	.24	.12	.09	.08	.07	.06	.05	.04	Amount of Increase Only
ALL FORMS Appurtenant Structures	2.51	1.18	1.18	.63	.63	.37	.33	.22	Amount Increased or Added

ZONE	PREMIUM PER \$1,000								APPLIED TO
	1	2	3	ALL OTHERS		6	7	8	
FORMS 3 and 7	\$3.74	\$1.76	\$1.76	\$.95	\$.95	\$.55	\$.49	\$.33	Coverage A Limit of Liability
FORMS 4 and 6	.48	.24	.18	.15	.13	.11	.10	.08	Coverage C Limit of Liability
FORMS 3 and 7 Coverage C Increased Limits	.24	.12	.09	.08	.07	.06	.05	.04	Amount of Increase Only
ALL FORMS Appurtenant Structures	3.74	1.76	1.76	.95	.95	.55	.49	.33	Amount Increased or Added

*See Endorsement SH-9878 for zone descriptions.

Applicable to All Policy Forms.

15. SH-6035 - LOSS ASSESSMENT COVERAGE

When the policy is extended to cover loss assessment for which the insured may be liable, excluding Earthquake, the premiums listed shall apply:

<u>Limit of Liability</u>	<u>Premium Per \$1,000 Coverage</u>
First \$5,000	\$.50
Next \$20,000	.25
Above \$25,000	.10

Applicable to Policy Form 6 Only.

16. SH-9401 - BUSINESS MERCHANDISE COVERAGE

The policy excludes from Section I Coverage any loss to merchandise held as samples or for sale after delivery. This endorsement may be attached to provide \$5,000 coverage for this exposure.

The premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$13
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	12
0.5% of Coverage A	11
1% of Coverage A	10
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	9
\$3,000	8
2% of Coverage A	7
\$5,000	5

Applicable to All Policy Forms for their respective deductible options.

17. SH-9833 - OTHER STRUCTURE RESTRICTION

This endorsement allows homes to be insured that have other structures on the residence premises which are in poor condition. These structures are specifically identified on the endorsement and coverage is excluded.

A photograph of each excluded other structure is required.

No additional premium or discount is applicable to this endorsement.

Applicable to Policy Form 3 and Form 7 Only.

18. SH-9818 - OFF PREMISES STRUCTURES

With this endorsement, Coverage B - Other Structures may be extended to include structures which are located off premises. Coverage will be provided on an actual cash value basis for accidental direct physical loss. Coverage will not apply to:

- 1) Off premises dwellings, whether or not owner-occupied;
- 2) Buildings used in whole or in part for business purposes; or
- 3) Buildings which are rented or held for rental unless used solely as a private garage.

This endorsement does not increase the amount of coverage applying to Coverage B. The additional coverage provided by this endorsement applies only to the Off Premises Structure insured.

The additional premium shall be \$2.75 per \$1,000 of insurance.

Applicable to Policy Form 3 and Form 7 Only.

19. **SH-91227 - BROADENED WATER BACKUP OF SEWERS AND DRAINS**

The policy excludes from Section I Coverage any loss that is caused by water which backs up through sewers or drains. This endorsement may be attached to provide coverage for direct physical loss caused by water which backs up through sewers or drains, sump pumps, sump pump wells, or any device for the removal of ground water.

There is no coverage provided if the loss is caused by the insured's negligence.

The policy deductible or \$1,000, whichever is greater, will be deducted for each backup of sewer or drain loss covered by this endorsement.

The premium for this endorsement is listed below by amount of coverage provided per year.

<u>Amount of Coverage</u>	<u>Premium</u>
\$ 5,000	\$ 124
10,000	165

Applicable to Policy Form 3, Form 6, and Form 7 Only.
Not Available with the Supreme Protection Package (Platinum).

20. **SH-9661 - WATER BACKUP OF SEWERS AND DRAINS**

The policy excludes from Section I Coverage any loss that is caused by water which backs up through sewers or drains. This endorsement may be attached to provide up to \$2,500 of coverage per year for direct physical loss caused by water which backs up through sewers or drains, sump pumps, sump pump wells, or any device for the removal of ground water.

There is no coverage provided if the loss is caused by the insured's negligence, or for the replacement value, actual cash value, or actual replacement of basement flooring materials.

The policy deductible or \$1,000, whichever is greater, will be deducted for each backup of sewer or drain loss covered by this endorsement.

The premium for this coverage is \$83.

Applicable to Policy Form 3, Form 6, and Form 7 Only.
Not Available with the Supreme Protection Package (Platinum).

21. **SH-9304 - FIRE DEPARTMENT SERVICE CHARGE**

The limit of \$500 provided under the Homeowner policy may be increased at an additional rate of \$2 per \$500 of coverage.

Applicable to All Policy Forms.

22. **SH-9053 - CREDIT CARD, FUND TRANSFER CARD, FORGERY, AND COUNTERFEIT MONEY COVERAGE**

This endorsement provides increased limits for these types of property.

The premiums for this additional coverage are as follows:

<u>Additional Coverage Amount</u>	<u>Premium</u>
\$ 1,000	\$ 2
2,000	4
3,000	6
4,000	8
5,000	10

Applicable to All Policy Forms.

23. **SH-9807 - VACANCY COVERAGE**

Forms 3, 6, and 7 restrict coverage for vandalism and glass breakage if the dwelling has been vacant for more than 30 consecutive days. For an additional premium, this limitation may be deleted.

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$45
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	38
0.5% of Coverage A	37
1% of Coverage A	36
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	33
\$3,000	29
2% of Coverage A	28
\$5,000	17

Applicable to Policy Form 3, Form 6, and Form 7 Only for their respective deductible options.

24. **SH-6033 - CONDOMINIUM UNIT-OWNERS RENTAL TO OTHERS**

When the policy is extended to include coverage for unscheduled personal property when the premises is rented to others, the additional premium shall be the otherwise applicable basic Form 6 premium increased 35%.

Applicable to Policy Form 6 Only.

25. **SH-31263 - SPECIAL PROTECTION PACKAGE – “Silver”**

Coverage may be written to provide a maximum loss payment of 125% of the Coverage A amount for the dwelling. This coverage and Ordinance or Law Coverage shall not increase the total amount the Company pays under Coverage A - Dwelling for the cost of repair or replacement beyond 125% of the limit as shown on the Declarations for Coverage A.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost, and
2. Purchase Replacement Cost Coverage on contents.
3. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this Special Package increases the limit of Coverage C - Personal Property to 75% of Coverage A - Dwelling, and increases the limit of Coverage D - Loss of Use to 25% of Coverage A.

Annual Premium - \$10

Applicable to Policy Form 3 Only.
Not Applicable With Modified Replacement Cost Coverage,
Enhanced Protection Package (Gold),
or Supreme Protection Package (Platinum).

26. **SH-31796 - ENHANCED PROTECTION PACKAGE – “Gold”**

Coverage may be written to provide loss payment of the Coverage A amount for the amount to repair or replace the dwelling up to 125% of the Coverage A amount shown on the policy Declarations. This endorsement also provides the following coverage enhancements:

1. Ordinance or Law Coverage: Up to 25% of the Coverage A limit.
2. Dwelling Lock Replacement Coverage: Up to \$500.
3. Land Coverage: Up to \$10,000 for costs to replace, rebuild, stabilize or otherwise restore the land necessary to support that part of the dwelling sustaining a covered loss.
4. Additional Living Expense and Fair Rental Value: Time period extended to 36 months.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost, and
2. Purchase Replacement Cost Coverage on contents.
3. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling, which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this Enhanced Protection Package increases the limit of Coverage C – Personal Property to 75% of Coverage A – Dwelling, and increases the limit of Coverage D – Loss of Use to 25% of Coverage A.

The additional premium is determined by applying the following schedule:

Zone 1

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	1% X Adjusted Base Premium + \$35
First Preceding Year	3% X Adjusted Base Premium + \$35
Second Preceding Year	4% X Adjusted Base Premium + \$35
Third Preceding Year	6% X Adjusted Base Premium + \$35
Fourth Preceding Year	7% X Adjusted Base Premium + \$35
Fifth and All Additional Preceding Years	9% X Adjusted Base Premium + \$35

Zone 2

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	1% X Adjusted Base Premium + \$35
First Preceding Year	4% X Adjusted Base Premium + \$35
Second Preceding Year	7% X Adjusted Base Premium + \$35
Third Preceding Year	10% X Adjusted Base Premium + \$35
Fourth Preceding Year	13% X Adjusted Base Premium + \$35
Fifth and All Additional Preceding Years	16% X Adjusted Base Premium + \$35

*See Endorsement SH-91407 for Zone definitions.

Applicable to Policy Form 3 Only.

Not Applicable with Modified Replacement Cost Coverage,
Special Protection Package (Silver),
or Supreme Protection Package (Platinum).

27. SH-91801- SUPREME PROTECTION PACKAGE – “Platinum”

Coverage may be written to provide loss payment of the Coverage A amount for the amount to repair or replace the dwelling up to 200% of the Coverage A amount shown on the policy Declarations. This endorsement extends coverage for personal property to include all risk coverage, subject to the terms of the Supreme Protection Package. This endorsement also provides the following coverage enhancements:

1. Ordinance or Law Coverage: Up to 100% of the Coverage A limit.
2. Debris Removal: Increased from \$500 to \$1,000.
3. Trees, Shrubs, and Other Plants: Increased from \$500 to \$1,000.
4. Fire Department Service Charge: Increased from \$500 to \$1,000.
5. Refrigerated Products Coverage. Up to 100% of the Coverage C limit.
6. Dwelling Lock Replacement Coverage: Up to \$500.
7. Limited Fungus Remediation Coverage: Up to \$15,000.
8. Water Backup Coverage: Up to \$20,000.
9. Land Coverage: Up to 10% of the amount of the covered loss to the dwelling or other structure for the excavation, replacement, or stabilization of the land on the residence premises.
10. Additional Living Expense and Fair Rental Value: Time period extended to 36 months.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost;
2. Purchase Stolen Identity Package Endorsement, SH-91465
3. Purchase Equipment Breakdown Coverage Endorsement, SH-91909; and
4. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling, which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this endorsement removes the percent limitation of Coverage D – Loss of Use and provides up to 30 days coverage for prohibited use by civil authority and includes Ordinance or Law Coverage when damage to the dwelling exceeds 10% of the Coverage A amount. The Supreme Protection Package also increases the limit of Coverage B to 20% of Coverage A, and increases the limit of Coverage C to 75% of Coverage A. Furthermore, this Supreme Protection Package provides increased special limits of liability for several items, as detailed in the endorsement.

The additional premium is determined by applying the following schedule:

Zone 1

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	23% X Adjusted Base Premium + \$315
First Preceding Year	25% X Adjusted Base Premium + \$315
Second Preceding Year	26% X Adjusted Base Premium + \$315
Third Preceding Year	28% X Adjusted Base Premium + \$315
Fourth Preceding Year	29% X Adjusted Base Premium + \$315
Fifth and All Additional Preceding Years	31% X Adjusted Base Premium + \$315

Zone 2

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	23% X Adjusted Base Premium + \$315
First Preceding Year	26% X Adjusted Base Premium + \$315
Second Preceding Year	29% X Adjusted Base Premium + \$315
Third Preceding Year	32% X Adjusted Base Premium + \$315
Fourth Preceding Year	34% X Adjusted Base Premium + \$315
Fifth and All Additional Preceding Years	37% X Adjusted Base Premium + \$315

*See Endorsement SH-91407 for Zone definitions.

Applicable to Policy Form 3 and Form 7 Only.

Not Applicable with Modified Replacement Cost Coverage,
Special Protection Package (Silver),
or Enhanced Protection Package (Gold).

28. **SH-71261 – EXCESS DWELLING COVERAGE**

Coverage may be written to provide a maximum loss payment of 125% of the Coverage A amount for the dwelling. To qualify for this coverage, the insured must agree to:

- 1) Insure the dwelling for 100% Replacement Cost; and
- 2) Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling which will increase the value of the dwelling by \$5,000 or more and pay any resulting premium.

Applicable to Policy Form 7 Only.

Not Applicable with the Supreme Protection Package (Platinum).

29. **SH-91407 - ORDINANCE OR LAW COVERAGE**

For the additional premium, covered losses that are at least 50% or more of the Coverage A limit for Policy Forms 3 and 7 will be settled on the basis of any ordinance or law that regulates the construction, repair or demolition of the property. The amount of coverage provided by this endorsement is 25% of the Coverage A limit.

For Form 3 policies, this coverage and Special Protection Package (Silver) Coverage shall not increase the total amount the Company will pay under Coverage A - Dwelling for the cost of repair or replacement beyond 125% of the Coverage A limit as shown on the Declarations.

For Form 7 policies, this coverage and Excess Dwelling Coverage shall not increase the total amount the Company will pay under Coverage A - Dwelling for the cost of repair or replacement beyond 125% of the Coverage A limit as shown on the Declarations.

The additional premium is determined by multiplying the adjusted base premium by the following applicable percentage:

<u>Home Completed and First Occupied</u>	<u>Adjustment to Base Premium</u>	
	<u>Zone 1</u>	<u>Zone 2</u>
Current Calendar Year	0%	0%
First Preceding Year	2%	3%
Second Preceding Year	3%	6%
Third Preceding Year	5%	9%
Fourth Preceding Year	6%	12%
Fifth and All Preceding Years	8%	15%

Zone 1 – Remainder of State

Zone 2 – Clay, Craighead, Crittenden, Greene, Mississippi, Poinsett Counties

Applicable to Policy Form 3 and Form 7 Only.

Equivalent or better coverage automatically provided with the Enhanced Protection Package (Gold); and Supreme Protection Package (Platinum).

30. **SH-91465 - STOLEN IDENTITY PACKAGE “Secure I.D. from ANPAC®”**

For an additional premium, this endorsement may be added to the policy to provide up to \$50,000 for reasonable and necessary expenses incurred by an insured as the result of any one stolen identity occurrence during the policy period. Aggregate coverage for multiple stolen identity occurrences shall not exceed \$100,000 per policy period. Income Replacement coverage of up to \$200 per day for a maximum of 25 days or \$5,000 for lost wages when having to take time from work to rectify records as a result of a stolen identity occurrence. No deductible applies to the loss for each stolen identity occurrence.

The premium for this coverage is \$90. (A minimum premium of \$35 shall be earned in full.)

Applicable to All Policy Forms.

Required with the Supreme Protection Package (Platinum).

31. **SH-91909 – EQUIPMENT BREAKDOWN COVERAGE**

For an additional premium, this endorsement may be added to provide up to \$50,000 in repair or replacement coverage arising from any one accident caused by sudden and accidental breakdown of mechanical or electrical equipment such as central air conditioning unit, heating unit, hot water heater and other basic electrical services in the home (central vacuums, chair lifts/elevators, well pumps, generators, electric power panels, permanently installed appliances, etc.).

Coverage is also provided for spoilage of refrigerated property (\$500), and loss of use (\$200 per day/\$1,000 aggregate) as a result of a covered loss. Loss due to electrical power surge or brownout is not covered. Electronic entertainment or component equipment is not covered. The coverage provided under this endorsement does not increase any limit of liability under Section I. A \$1,000 deductible applies for each covered occurrence.

The premium for this coverage is as follows:

Coverage A Value Range	0-\$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$5,000,000
Base Rate	\$73	\$109	\$137	\$150

Refer to Home Office for any requests where Coverage A exceeds \$5 million. Special acceptance is required from the reinsurer. Premium to be determined on individual risk basis.

Applicable to Policy Forms 3, 6 and 7
Required with the Supreme Protection Package (Platinum).

32. SH-9819 - CONTRACTORS' INTEREST

The contractor's interest in the building only is covered with this endorsement. No additional premium is applicable for this coverage.

Applicable to Form 3 and Form 7 Only.

B. Section II - Liability Coverages

1. SH-9072 - INCIDENTAL FARM AND ANIMAL LIABILITY COVERAGE

This endorsement provides Section II coverage for incidental farming operations conducted on the residence premises or caused by animals on or adjacent to the residence premises. "Incidental" would include instances where the insured has livestock or plant crops used only for personal consumption.

It should be noted this is not a farmers comprehensive personal liability coverage. This form has no provision for covering employer's liability or extended liability for farming operations conducted away from the residence premises.

As farming operations create unique exposures, careful attention to underwriting must be given. Underwriting considerations for this incidental coverage include the number of acres, number of animals, and the size and condition of any outbuildings.

The additional premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Farm and Animal</u>
\$ 25,000	\$ 5
50,000	6
100,000	7
200,000	9
300,000	11
500,000	15
1,000,000	25
<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Farm and Animal</u>
\$ 1,000	\$4
2,000	5
5,000	7

Applicable to Policy Form 3 and Form 7 Only.

2. **SH-9071 - INCIDENTAL BUSINESS PURSUITS**

This endorsement may be attached to provide Section II coverages for liability of the insured arising out of incidental business activities; however, this coverage does not apply to products liability. Only the occupations listed below are eligible for this coverage.

NOTE: This coverage may not be provided for any insured in connection with a business partnership of which the insured is a partner or member. The limits of liability for this coverage must be the same as in the basic policy.

Classifications:

- A. Clerical Office Employees - Defined as those employees whose duties are confined to keeping the books or records, conducting correspondence, or who are engaged wholly in office work where such books or records are kept or where such correspondence is conducted, having no other duty of any nature in or about the employer's premises.
- B. Salespersons, collectors, or messengers.
- C. Teachers - For all teachers, including corporal punishment of pupils.

The premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Classifications A, B, and C</u>
\$ 25,000	\$ 3
50,000	4
100,000	5
200,000	6
300,000	7
500,000	8
1,000,000	11

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Classifications A, B, and C</u>
\$ 1,000	\$2
2,000	3
5,000	4

Applicable to All Policy Forms.

3. **SH-9380 - HOME DAY-CARE COVERAGE**

When the insured provides day-care or babysitting services in the insured dwelling or other structures located on the residence premises, this endorsement may be attached to provide Section II Coverages. The form is designed for incidental exposures only. The insured may provide day-care services for one to three children in the home at any one time. The limits shown for Coverage E and Coverage F are annual aggregate limitations, regardless of the number of occurrences, insureds, claims made, suits brought, or persons injured.

The additional premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Exposures</u>
\$ 25,000	\$30
50,000	35
100,000	40
200,000	47
300,000	55
500,000	60
1,000,000	75

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Exposures</u>
\$ 1,000	\$10
2,000	15
5,000	20

Applicable to All Policy Forms.

4. **SH-9695 - CHILD CARE COVERAGE**

NOTE: Coverage is available on an exception basis and must be submitted to the Home Office for approval prior to binding coverage

When the insured provides day-care or babysitting services in the insured dwelling or other structures located on the residence premises, this endorsement may be attached to provide Section II Coverages. The form is designed for incidental exposures only. The insured may provide day-care services for up to six children in the home at any one time. The limits shown for Coverage E and Coverage F are annual aggregate limitations, regardless of the number of occurrences, insureds, claims made, suits brought, or persons injured.

The rates shown apply to all Coverage F - Medical Payment limits.

<u>Coverage E – Personal Liability Limits</u>	<u>Adjustment to Premium Incidental Exposures</u>
\$ 100,000	\$200
200,000	250
300,000	300
500,000	400
1,000,000	650

Applicable to All Policy Forms

5. **SH-9082 - PERSONAL INJURY COVERAGE**

This endorsement broadens the definition of bodily injury under Coverage E - Personal Liability, to include personal injury to others. This coverage includes areas such as false arrest, libel, or invasion of privacy, subject to limitations found in the endorsement itself.

Special underwriting considerations apply to the use of this endorsement. Generally, individuals in the following types of occupations would not be eligible for this endorsement:

1. Law Enforcement Officer, Private Investigator, Bail Bondsman
2. Internet Service, Internet Service Provider or related support personnel, backbone personnel, Installer or Consultant
3. Network Application Provider or related support personnel, Installer or Consultant
4. Director or Officer of Publicly Held Corporation
5. Judge / Politician
6. Labor Negotiator
7. Professional or Semi-Professional Athlete / Coach
8. Professional Actor, Entertainer / Author / Public Lecturer / Broadcaster /Telecaster / Newspaper Reporter / Editor / Publisher / Advertiser

Any questions regarding a specific case should be directed to your underwriter.

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment</u>
\$ 100,000	\$10
200,000	12
300,000	13
500,000	16
1,000,000	24

Applicable to All Policy Forms.

6. **SH-4780 - TENANTS WATERBED LIABILITY**

A Form 4 policy may be endorsed to pay up to the Coverage E limit of liability, all sums for which the insured is legally liable to pay for damage to property of others, caused by or arising out of the ownership, maintenance or use of the owned waterbed on the residence premises. The premium for this endorsement is \$20.

Applicable to Policy Form 4 Only.

7. **SH-4074 - THREE- OR FOUR-FAMILY DWELLING PREMISES LIABILITY**

The following tables show the premium when Coverages E and F are provided for the indicated exposures.

Coverage E – Personal <u>Liability Limits</u>	Premium Adjustment	
	<u>Form 4 Only 3 Family Dwelling</u>	<u>Form 4 Only 4 Family Dwelling</u>
\$ 25,000	\$ 9	\$11
50,000	10	12
100,000	11	13
200,000	12	14
300,000	13	15
500,000	15	17
1,000,000	20	22

Coverage F – Medical <u>Payments Limits</u>	Premium Adjustment	
	<u>Form 4 Only 3 Family Dwelling</u>	<u>Form 4 Only 4 Family Dwelling</u>
\$ 1,000	\$ 7	\$ 8
2,000	8	9
5,000	10	11

Applicable to Policy Form 4 Only.

C. **Section I and II**

1. **SH-9207 - ADDITIONAL RESIDENCE PREMISES - RENTED TO OTHERS**

This endorsement provides liability and medical payments coverages for any exposure arising out of any one- to four-family dwelling which is rented from or held for rental to others by the insured. The rental property may be, but is not required to be, a part of or attached to the residence premises.

This endorsement also amends Coverage B - Other Structures to provide coverage when the structure is used for the business purpose of renting to others as a resident premises.

The additional premium is developed from the tables below:

Coverage E – Personal <u>Liability Limits</u>	Adjustment to Premium			
	<u>Rented to Others 1 Family</u>	<u>Rented to Others 2 Family</u>	<u>Rented to Others 3 Family</u>	<u>Rented to Others 4 Family</u>
\$ 25,000	\$ 6	\$10	\$14	\$18
50,000	8	12	16	20
100,000	10	14	18	22
200,000	12	16	20	24
300,000	14	18	22	28
500,000	18	22	26	34
1,000,000	28	32	36	50

Coverage F –Medical <u>Payments Limits</u>	Adjustment to Premium			
	<u>Rented to Others 1 Family</u>	<u>Rented to Others 2 Family</u>	<u>Rented to Others 3 Family</u>	<u>Rented to Others 4 Family</u>
\$ 1,000	\$ 6	\$ 8	\$12	\$14
2,000	8	10	14	16
5,000	12	14	18	20

Applicable to All Policy Forms.

2. **SH-9041 - ADDITIONAL INSURED RESIDENCE PREMISES**

(Other than Contractors)

This endorsement extends the definition of "insured" to include the person or persons named on the endorsement with respect to Coverages A - Dwelling, B - Other Structures, E - Personal Liability, and F - Medical Payments To Others. No additional premium is applicable for this coverage.

Applicable to All Policy Forms.

3. **SH-9042 - OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE**

When a permitted incidental occupancy is conducted on the residence premises, this endorsement must be attached. This form provides both Section I and II coverages to reflect a business exposure actually conducted on the residence premises.

Under Section I, the basic policy provides limited coverage on property actually used in business. If a higher limit is desired, the options listed below are available. Note--property for sale or held for resale is not covered under this form.

The premium for increased coverage on business property (does not include electronic Data Processing equipment or the recording or storage media used with the equipment) is:

<u>Limit</u>	<u>Premium</u>
\$5,000	\$5
7,500	7
10,000	10

A charge must be included for Section II coverages in all cases. The premium for the Section II exposure is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Occupancy on Premises</u>
\$ 25,000	\$ 8
50,000	9
100,000	10
200,000	11
300,000	12
500,000	14
1,000,000	18

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Occupancy on Premises</u>
\$ 1,000	\$4
2,000	6
5,000	8

Applicable to All Policy Forms.

4. **438BFU - LENDER'S LOSS PAYABLE ENDORSEMENT**

This endorsement protects the mortgagee's interest and rights and should only be added when requested by the mortgagee. No additional premium is applicable for this endorsement.

Applicable to All Policy Forms.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Frame

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01877	01877	01877	01941	01941	02224	02613	03125	03896	05242
002	01736	01736	01736	01795	01795	02057	02416	02890	03603	04848
003	03156	03156	03156	03263	03263	03739	04392	05254	06551	08813
004	02283	02283	02283	02360	02360	02705	03178	03801	04739	06376
005	02358	02358	02358	02438	02438	02794	03282	03926	04895	06585
006	02294	02294	02294	02372	02372	02719	03194	03820	04763	06408
007	02404	02404	02404	02486	02486	02849	03346	04002	04990	06714
008	02127	02127	02127	02200	02200	02521	02961	03542	04416	05942
009	02233	02233	02233	02309	02309	02646	03108	03718	04636	06237
010	02757	02757	02757	02851	02851	03267	03838	04591	05724	07701
012	02625	02625	02625	02714	02714	03110	03653	04370	05449	07331
017	01871	01871	01871	01935	01935	02217	02604	03115	03884	05226
024	02385	02385	02385	02466	02466	02826	03319	03970	04951	06660
026	02239	02239	02239	02315	02315	02653	03116	03727	04648	06253
033	02440	02440	02440	02523	02523	02892	03397	04063	05066	06816
037	01801	01801	01801	01862	01862	02134	02507	02999	03739	05030
038	01744	01744	01744	01804	01804	02067	02428	02904	03621	04872
039	02354	02354	02354	02434	02434	02789	03277	03919	04887	06574
040	01593	01593	01593	01647	01647	01887	02217	02652	03306	04448
041	02567	02567	02567	02654	02654	03042	03573	04274	05329	07170
042	02394	02394	02394	02476	02476	02837	03333	03986	04970	06687
043	02389	02389	02389	02471	02471	02831	03326	03978	04960	06674
044	02239	02239	02239	02315	02315	02653	03116	03727	04648	06253

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Veneer

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01563	01563	01563	01667	01667	01890	02487	02738	03658	04716
002	01446	01446	01446	01541	01541	01748	02300	02532	03383	04362
003	02629	02629	02629	02802	02802	03178	04181	04604	06150	07930
004	01902	01902	01902	02027	02027	02299	03025	03331	04449	05737
005	01964	01964	01964	02094	02094	02374	03124	03440	04595	05925
006	01911	01911	01911	02037	02037	02310	03040	03348	04472	05766
007	02002	02002	02002	02135	02135	02421	03185	03507	04685	06041
008	01772	01772	01772	01889	01889	02142	02819	03104	04146	05346
009	01860	01860	01860	01983	01983	02249	02959	03258	04352	05611
010	02297	02297	02297	02448	02448	02776	03653	04023	05374	06929
012	02186	02186	02186	02331	02331	02643	03478	03829	05115	06596
017	01559	01559	01559	01661	01661	01884	02479	02730	03647	04702
024	01986	01986	01986	02118	02118	02401	03160	03479	04648	05993
026	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626
033	02033	02033	02033	02167	02167	02457	03233	03560	04756	06133
037	01500	01500	01500	01599	01599	01814	02386	02628	03510	04526
038	01453	01453	01453	01549	01549	01757	02311	02545	03400	04383
039	01961	01961	01961	02090	02090	02370	03119	03434	04588	05915
040	01327	01327	01327	01414	01414	01604	02110	02324	03104	04002
041	02138	02138	02138	02280	02280	02585	03401	03745	05003	06451
042	01994	01994	01994	02126	02126	02411	03172	03493	04666	06017
043	01990	01990	01990	02122	02122	02406	03166	03486	04657	06005
044	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Brick

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01563	01563	01563	01667	01667	01890	02487	02738	03658	04716
002	01446	01446	01446	01541	01541	01748	02300	02532	03383	04362
003	02629	02629	02629	02802	02802	03178	04181	04604	06150	07930
004	01902	01902	01902	02027	02027	02299	03025	03331	04449	05737
005	01964	01964	01964	02094	02094	02374	03124	03440	04595	05925
006	01911	01911	01911	02037	02037	02310	03040	03348	04472	05766
007	02002	02002	02002	02135	02135	02421	03185	03507	04685	06041
008	01772	01772	01772	01889	01889	02142	02819	03104	04146	05346
009	01860	01860	01860	01983	01983	02249	02959	03258	04352	05611
010	02297	02297	02297	02448	02448	02776	03653	04023	05374	06929
012	02186	02186	02186	02331	02331	02643	03478	03829	05115	06596
017	01559	01559	01559	01661	01661	01884	02479	02730	03647	04702
024	01986	01986	01986	02118	02118	02401	03160	03479	04648	05993
026	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626
033	02033	02033	02033	02167	02167	02457	03233	03560	04756	06133
037	01500	01500	01500	01599	01599	01814	02386	02628	03510	04526
038	01453	01453	01453	01549	01549	01757	02311	02545	03400	04383
039	01961	01961	01961	02090	02090	02370	03119	03434	04588	05915
040	01327	01327	01327	01414	01414	01604	02110	02324	03104	04002
041	02138	02138	02138	02280	02280	02585	03401	03745	05003	06451
042	01994	01994	01994	02126	02126	02411	03172	03493	04666	06017
043	01990	01990	01990	02122	02122	02406	03166	03486	04657	06005
044	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Siding

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01877	01877	01877	01941	01941	02224	02613	03125	03896	05242
002	01736	01736	01736	01795	01795	02057	02416	02890	03603	04848
003	03156	03156	03156	03263	03263	03739	04392	05254	06551	08813
004	02283	02283	02283	02360	02360	02705	03178	03801	04739	06376
005	02358	02358	02358	02438	02438	02794	03282	03926	04895	06585
006	02294	02294	02294	02372	02372	02719	03194	03820	04763	06408
007	02404	02404	02404	02486	02486	02849	03346	04002	04990	06714
008	02127	02127	02127	02200	02200	02521	02961	03542	04416	05942
009	02233	02233	02233	02309	02309	02646	03108	03718	04636	06237
010	02757	02757	02757	02851	02851	03267	03838	04591	05724	07701
012	02625	02625	02625	02714	02714	03110	03653	04370	05449	07331
017	01871	01871	01871	01935	01935	02217	02604	03115	03884	05226
024	02385	02385	02385	02466	02466	02826	03319	03970	04951	06660
026	02239	02239	02239	02315	02315	02653	03116	03727	04648	06253
033	02440	02440	02440	02523	02523	02892	03397	04063	05066	06816
037	01801	01801	01801	01862	01862	02134	02507	02999	03739	05030
038	01744	01744	01744	01804	01804	02067	02428	02904	03621	04872
039	02354	02354	02354	02434	02434	02789	03277	03919	04887	06574
040	01593	01593	01593	01647	01647	01887	02217	02652	03306	04448
041	02567	02567	02567	02654	02654	03042	03573	04274	05329	07170
042	02394	02394	02394	02476	02476	02837	03333	03986	04970	06687
043	02389	02389	02389	02471	02471	02831	03326	03978	04960	06674
044	02239	02239	02239	02315	02315	02653	03116	03727	04648	06253

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Fire Resistive

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01563	01563	01563	01667	01667	01890	02487	02738	03658	04716
002	01446	01446	01446	01541	01541	01748	02300	02532	03383	04362
003	02629	02629	02629	02802	02802	03178	04181	04604	06150	07930
004	01902	01902	01902	02027	02027	02299	03025	03331	04449	05737
005	01964	01964	01964	02094	02094	02374	03124	03440	04595	05925
006	01911	01911	01911	02037	02037	02310	03040	03348	04472	05766
007	02002	02002	02002	02135	02135	02421	03185	03507	04685	06041
008	01772	01772	01772	01889	01889	02142	02819	03104	04146	05346
009	01860	01860	01860	01983	01983	02249	02959	03258	04352	05611
010	02297	02297	02297	02448	02448	02776	03653	04023	05374	06929
012	02186	02186	02186	02331	02331	02643	03478	03829	05115	06596
017	01559	01559	01559	01661	01661	01884	02479	02730	03647	04702
024	01986	01986	01986	02118	02118	02401	03160	03479	04648	05993
026	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626
033	02033	02033	02033	02167	02167	02457	03233	03560	04756	06133
037	01500	01500	01500	01599	01599	01814	02386	02628	03510	04526
038	01453	01453	01453	01549	01549	01757	02311	02545	03400	04383
039	01961	01961	01961	02090	02090	02370	03119	03434	04588	05915
040	01327	01327	01327	01414	01414	01604	02110	02324	03104	04002
041	02138	02138	02138	02280	02280	02585	03401	03745	05003	06451
042	01994	01994	01994	02126	02126	02411	03172	03493	04666	06017
043	01990	01990	01990	02122	02122	02406	03166	03486	04657	06005
044	01865	01865	01865	01988	01988	02254	02966	03266	04363	05626

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

1 - 4 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
002	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
003	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
004	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
005	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
006	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
007	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
008	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
009	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
010	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
012	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
017	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
024	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
026	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
033	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
037	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
038	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
039	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
040	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
041	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
042	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
043	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
044	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

5 - 99 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
002	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
003	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
004	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
005	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
006	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
007	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
008	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
009	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
010	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
012	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
017	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
024	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
026	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
033	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
037	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
038	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
039	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
040	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
041	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
042	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
043	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
044	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 1 - 4 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
002	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
003	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
004	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
005	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
006	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
007	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
008	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
009	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
010	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
012	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
017	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
024	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
026	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
033	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
037	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
038	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
039	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
040	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
041	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
042	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
043	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
044	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
002	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
003	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
004	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
005	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
006	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
007	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
008	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
009	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
010	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
012	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
017	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
024	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
026	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
033	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
037	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
038	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
039	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
040	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
041	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
042	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
043	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
044	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356

**AMERICAN NATIONAL GENERAL INSURANCE COMPANY
MISCELLANEOUS AND ENDORSEMENT COVERAGES INDEX**

	<u>End. No.</u>	<u>Page</u>
Part I - Miscellaneous Coverages, Credits, and Charges		
Additional Residence Premises - Owner Occupied		H-P-6
Auto-Home Discount		H-P-6
Building Additions and Alterations		H-P-7
CASHBACK FROM ANPAC®		H-P-1
Claim Free Plus		H-P-2
Log Home Surcharge		H-P-7
Non-Weather Related Claims Rating Plan		H-P-4
Optional Liability Limits		H-P-6
Other Structures – Increased limits		H-P-7
Personal Property		H-P-7
Protective Device Credits		H-P-2
TLC Tri-Line Coverage SM Discount		H-P-4
Utilities/Roof Rating Plan		H-P-2
Part II - Form 3, Form 4, and Form 6 Optional Endorsement Coverages		
Additional Insured Residence Premises	SH-9041	H-P-24
Additional Residence Premises - Rented to Others	SH-9207	H-P-24
Business Merchandise Coverage	SH-9401	H-P-15
Child Care Coverage	SH-9695	H-P-22
Condominium Unit-Owners Rental to Others	SH-6033	H-P-17
Contents Replacement Cost Coverage	SH-9291	H-P-7
Contractors' Interest	SH-9819	H-P-20
Credit Card, Fund Transfer Card, Forgery, and Counterfeit Money	SH-9053	H-P-16
Dwelling Under Construction	SH-9292	H-P-8
Earthquake Coverage - 10% Deductible	SH-9878	H-P-12
Earthquake Coverage - 15% Deductible	SH-91260	H-P-13
Enhanced Protection Package - Gold	SH-31796	H-P-17
Equipment Breakdown Coverage	SH-91909	H-P-20
Fire Department Service Charge	SH-9304	H-P-16
Home Computer Hardware and Software Coverage	SH-91794	H-P-12
Home Day-Care Coverage	SH-9380	H-P-22
Incidental Business Pursuits	SH-9071	H-P-21
Incidental Farm and Animal Liability Coverage	SH-9072	H-P-20
Increased Coverage for Guns	SH-91044	H-P-11
Increased Coverage for Service Sets	SH-91045	H-P-11
Jewelry, Watches, and Furs - Forms 3, 4, & 6 Broadened	SH-9381	H-P-10
Jewelry, Watches, and Furs - Forms 3, 4, & 6 Broadened Increased Limit	SH-91281	H-P-10
Lenders Loss Payable Endorsement	438BFU	H-P-25
Loss Assessment Coverage	SH-6035	H-P-14
Modified Replacement Cost	SH-31161	H-P-8
Office, Professional, Private School, or Studio Use	SH-9042	H-P-24
Off Premises Structures	SH-9818	H-P-15
Ordinance or Law Coverage	SH-91407	H-P-19
Other Structure Restriction	SH-9833	H-P-15
Personal Injury Coverage	SH-9082	H-P-23
Personal Property - Other Residences	SH-9050	H-P-12
Scheduled Personal Property Coverage	SH-9766	H-P-9
Special Protection Package - Silver	SH-31263	H-P-17
Stolen Identity Package	SH-91465	H-P-20
Supreme Protection Package - Platinum	SH-91801	H-P-18
Tenants Water Bed Liability	SH-4780	H-P-23
Theft Coverage on Dwelling Under Construction	SH-9781	H-P-9
Three- or Four-Family Dwelling Premises Liability	SH-4074	H-P-23
Vacancy Coverage	SH-9807	H-P-16
Water Backup of Sewers and Drains	SH-9661	H-P-16
Water Backup of Sewers and Drains - Broadened	SH-91227	H-P-15

AMERICAN NATIONAL GENERAL INSURANCE COMPANY

I. Miscellaneous Coverages, Credits, and Charges

A. CA\$HBACK FROM ANPAC®

For policies written in American National General Insurance Company and enrolled in CA\$HBACK FROM ANPAC® prior to March 26, 2008, insureds who remain claim free on all automobile, motor home, camping/travel trailer, motorcycle, or recreational vehicle and homeowner policies for the three-year period after their CA\$HBACK FROM ANPAC® enrollment date, will receive a 25% refund of their combined automobile, motor home, camping/travel trailer, motorcycle, or recreational vehicle and homeowner premiums from the third prior year subject to the eligibility requirements as outlined below. Earthquake, Secure I.D. from ANPAC®, and Equipment Breakdown endorsement premiums will not be included in the homeowner premium.

Refund Conditions and Procedures:

- 1) The CA\$HBACK enrollment date will be used to determine when a refund will be made. This may or may not coincide with the renewal dates of any policies under the program.
- 2) The written premium from each CA\$HBACK policy will be used to calculate the refund amount. For policies already in force at the time of enrollment, the written premium of the first renewal after the program enrollment date will be used in the refund amount calculation. Premiums for the Earthquake, Secure I.D. from ANPAC®, and Equipment Breakdown endorsements will not be included in the calculation of the refund amount.
- 3) A paid claim occurring on or after the insured is a member of the CA\$HBACK program, under any policy that is part of a CA\$HBACK account, voids a refund only for the next three-year period. Subsequent refunds will be made after the account is claim free again for three years on all CA\$HBACK policies.
- 4) If a claim is paid, the three-year time period will begin again starting at the first enrollment anniversary date after the first payment has been made. Exception: If a claim occurs prior to the anniversary date, and first payment is made after the anniversary date, but before 60 days after the anniversary date, then the three-year time period begins on the most recent anniversary date.
- 5) The date of the first payment of a claim will be considered the claim date when determining the three-year claim free period for refund eligibility. If a payment is made on a claim in two different years, the insured would again be eligible for a refund at the first enrollment anniversary date three years after the first claim payment was made.
- 6) If a CA\$HBACK refund is not made due to a paid claim, but later the Company successfully subrogates 100% of the claim, then the amount that should have been refunded to the insured will be refunded.
- 7) All incurred claims must be reported immediately or as soon as reasonably possible.
- 8) If any new policy on the account is written in American National General Insurance Company, then the account will no longer qualify for CA\$HBACK FROM ANPAC®.
- 9) Policy lapses of 45 days or less will not affect eligibility. If a policy lapse of more than 45 days occurs, the insured's CA\$HBACK enrollment anniversary date will change.

B. PROTECTIVE DEVICE CREDITS

A premium credit may be applied for the protective devices listed below. A full description of each protective device must be shown on the application.

The following premium credits apply for each of the following devices which are properly installed and maintained:

- 1. Local burglar alarm covering all windows and exterior doors. 5%
- 2. Burglar alarm as in 1, above, reporting to central station or police department. 10%
- 3. Fire alarm reporting to central station or fire department. 10%

Any combination of the above credits is allowed but maximum total credit cannot exceed 15%.

Applicable to All Policy Forms.

C. CLAIM FREE PLUS

An insured will receive a Claim Free Plus discount on his/her homeowners policy based upon the length of time the insured has been claim free and his/her account Risk Score. The length of time is calculated as the number of years since the date of the last claim and the effective date of the policy or the effective date of reinstatement for a policy with a lapse in coverage. If a claim exists with an established reserve, the insured is considered claim free as long as no payment has been made on the claim. Equipment Breakdown claims will not be considered. The appropriate Claim Free Plus discount shall be applied according to the schedule below:

Risk Score	Number of Years Claim Free		
	0-2	3-5	6+
619 and below	0%	10%	15%
620 – 674	22%	30%	34%
675 – 729	26%	33%	37%
730 – 769	32%	40%	43%
770 – 809	35%	41%	46%
810 – 854	39%	44%	49%
855 – 899	42%	47%	51%
900 – 949	45%	50%	54%
950 and above	48%	53%	56%
No Hit/No Score	35%	41%	46%

Periodically, account Risk Scores will be updated. If such update results in a change in risk score range, the discount level will be adjusted accordingly. Additionally, under certain circumstances when necessary, such as changing the Risk Score model or receiving a calculated Risk Score for a prior No Match or No Score, a change in discount level can result and will be applied.

D. UTILITIES/ROOF RATING PLAN

A premium adjustment will be made on all Homeowner Dwelling forms depending on the age of the home and the calendar year that any of the following components have been newly installed or completely upgraded:

Heating

Complete replacement of the entire heating system, not including the ductwork or floor/ceiling registers.

All systems must be installed by a qualified contractor to meet or exceed local building codes.

Cooling

Complete replacement of the entire cooling system, not including the ductwork or floor/ceiling registers.

All systems must be installed by a qualified contractor to meet or exceed local building codes.

Roof

A. To determine age of roof - Complete replacement or overlay of the entire roof by a qualified contractor and installed to meet or exceed local building codes.

B. Roof Construction Rating Factors

1. A credit (as listed below) applies to roofs constructed of concrete tile, clay tile, slate, or composite wood fiber/cement.
2. A surcharge (as listed below) applies to roofs constructed of wood shake, wood shingle, or a composition overlay to a wood shake roof.
3. Roof coverings meeting the impact resistance of the Underwriters' Laboratories testing criteria of U. L. Standard 2218 or FM Global's testing criteria of FM 4473 are eligible for a credit, as listed below.

The applicable adjustments are added together to determine the total premium adjustments for the rating plan. The different adjustments depend on the number of years since the home was built or since the heating unit, cooling unit, or roof was newly installed. The maximum discount allowed is 78%.

PREMIUM ADJUSTMENTS										
Home Completed Or Utilities/ Roof Updated	Age of Home	Heating	Cooling	Roof	UL/FM Class 1	UL/FM Class 2	UL/FM Class3	UL.FM Class4	Concrete/ Clay Tile, Slate, or Composite Wood Fiber/ Cement	Wood Shake or Shingle
Current Year	-26%	-4%	-1%	-35%	0	0	-6%	-9%	-12%	+10%
1 st Preceding	-25%	-4%	-1%	-33%	0	0	-6%	-9%	-12%	+11%
2 nd Preceding	-24%	-3%	-1%	-32%	0	0	-6%	-9%	-12%	+12%
3 rd Preceding	-23%	-3%	-1%	-30%	0	0	-6%	-9%	-12%	+13%
4 th Preceding	-22%	-3%	-1%	-28%	0	0	-6%	-9%	-12%	+14%
5 th Preceding	-20%	-3%	-1%	-26%	0	0	-5%	-8%	-12%	+15%
6 th Preceding	-19%	-2%	-1%	-23%	0	0	-5%	-7%	-11%	+16%
7 th Preceding	-17%	-2%	-1%	-21%	0	0	-5%	-7%	-11%	+17%
8 th Preceding	-15%	-2%	-1%	-18%	0	0	-4%	-6%	-11%	+18%
9 th Preceding	-13%	-1%	-1%	-15%	0	0	-3%	-5%	-11%	+19%
10 th Preceding	-11%	-1%	-1%	-11%	0	0	-3%	-5%	-10%	+20%
11 th Preceding	-10%	-1%	0	-7%	0	0	-2%	-4%	-10%	+21%
12 th Preceding	-9%	-1%	0	-3%	0	0	-2%	-4%	-10%	+22%
13 th Preceding	-8%	-1%	0	0	0	0	-2%	-4%	-9%	+23%
14 th Preceding	-8%	-1%	0	0	0	0	-1%	-3%	-9%	+24%
15 th Preceding	-7%	0	0	0	0	0	-1%	-3%	-9%	+25%
16 th Preceding	-6%	0	0	0	0	0	0	-2%	-8%	+26%
17 th Preceding	-4%	0	0	0	0	0	0	-2%	-8%	+27%
18 th Preceding	-3%	0	0	0	0	0	0	-1%	-8%	+28%
19 th Preceding	-2%	0	0	0	0	0	0	-1%	-7%	+29%
20 th Preceding	0	0	0	0	0	0	0	0	-7%	+30%
21 st Preceding	0	0	0	0	0	0	0	0	-7%	+32%
22 nd Preceding	0	0	0	0	0	0	0	0	-6%	+34%
23 rd Preceding	0	0	0	0	0	0	0	0	-6%	+36%
24 th Preceding	0	0	0	0	0	0	0	0	-6%	+38%
25 th Preceding	0	0	0	0	0	0	0	0	-5%	+40%
26 th Preceding	0	0	0	0	0	0	0	0	-5%	+42%
27 th Preceding	0	0	0	0	0	0	0	0	-5%	+44%

PREMIUM ADJUSTMENTS										
Home Completed Or Utilities/ Roof Updated	Age of Home	Heating	Cooling	Roof	UL/FM Class 1	UL/FM Class 2	UL/FM Class3	UL.FM Class4	Concrete/ Clay Tile, Slate, or Composite Wood Fiber/ Cement	Wood Shake or Shingle
28 th Preceding	0	0	0	0	0	0	0	0	-4%	+46%
29 th Preceding	0	0	0	0	0	0	0	0	-4%	+48%
30 th Preceding	0	0	0	0	0	0	0	0	-4%	+50%
31 st Preceding	0	0	0	0	0	0	0	0	-3%	+52%
32 nd Preceding	0	0	0	0	0	0	0	0	-3%	+54%
33 rd Preceding	0	0	0	0	0	0	0	0	-3%	+56%
34 th Preceding	0	0	0	0	0	0	0	0	-2%	+58%
35 th Preceding	0	0	0	0	0	0	0	0	-2%	+60%
36 th Preceding	0	0	0	0	0	0	0	0	-2%	+62%
37 th Preceding	0	0	0	0	0	0	0	0	-1%	+64%
38 th Preceding	0	0	0	0	0	0	0	0	-1%	+66%
39 th Preceding	0	0	0	0	0	0	0	0	-1%	+68%
40 th and all additional Preceding	0	0	0	0	0	0	0	0	0	+70%

If the year the dwelling was completed is different from the year construction began, the later year shall apply.

Applicable to Policy Form 3 Only

E. NON-WEATHER RELATED CLAIMS RATING PLAN

The appropriate surcharge shall be applied according to the schedule below:

Number of Qualified Paid Claims in the last 3 years			
0 or 1	2	3	4+
0%	20%	45%	75%

The number of paid claims will be determined by the number of qualified paid claims the policyholder has had in the last 3 years. The length of time is calculated as the 36 months prior to the effective date of the policy or the effective date of reinstatement for a policy with a lapse in coverage. A qualified claim is any non-catastrophe or non-weather related claim which results in a net paid loss during the 3 year period. Losses which have payments under Medical Coverage only, and Equipment Breakdown claims are not considered to be qualified claims.

F. TLC TRI-LINE COVERAGESM DISCOUNT

A TLC Discount will be applied when the appropriate homeowner/Special Farm Package[®], automobile, and life insurance or annuity conditions, as outlined below, have been met by the account. The amount of the discount varies based on the rating class of all required life insurance/annuity policies, as outlined below. In order for the most preferred discount to be applied, all required life insurance policies must have been issued in the most preferred rating class. Refer to the chart below for TLC Discount factors.

Life Product Rated in the Preferred-Plus Non-Nicotine Plan	15%
Other Rated Life Product	10%

- The named insured or a member of the named insured's immediate family who resides in the same household, must have an active automobile or motorcycle policy written in American National General Insurance Company or an affiliated company.
- Camping/travel trailers, utility trailers, recreational vehicles, and Named Non-Owner auto policies may not be used to qualify a homeowner policy for the TLC Discount.
- The automobile or motorcycle policy must be in force anytime during the 15 days prior to the effective date of the homeowner/Special Farm Package[®] policy; or the qualifying new business automobile or motorcycle policy effective date may not be greater than 90 days after the homeowner/Special Farm Package[®] policy's effective date.

- There must be an active permanent life insurance policy or an annuity policy on the account owner and/or spouse with American National Insurance Company, American National Life Insurance Company of Texas, or Farm Family Life Insurance Company subject to the conditions described herein. Whole Life, Whole Life with term rider, Universal Life, and Variable Universal Life policies are eligible permanent life insurance policies.

One of the following permanent life insurance/annuity conditions must be met in order to qualify for the discount:

1. The amount of such permanent life policy or the sum of the amounts of all such permanent life policies on the account owner and/or spouse must be:
 - Equal to or greater than the Coverage A amount for the Homeowner Dwelling form.
 - Equal to or greater than the Coverage C amount for the Condominium form.
 - Equal to or greater than the maximum of the Coverage C amount or \$100,000 for the Tenant form.
 - Equal to or greater than the Coverage A amount under Division I of the Special Farm Package[®] policy.

This relationship between the amount of permanent life insurance on the account owner and/or spouse and the Coverage A or C amounts must only be met at the inception date of the discount on the account as long as the homeowner/Special Farm Package[®] and life policies remain in force.

If more than one homeowner/Special Farm Package[®] policy exists on the account, the highest Coverage A or C amount at the time of qualification will apply.

If the account changes from a Tenant policy to a Homeowner Dwelling form or Condominium form, the relationship between the amount of life insurance on the account owner and/or spouse and the Coverage A or C amounts must requalify in order for the discount to apply. However, if an account qualifies for the TLC Discount and then subsequently moves their homeowner policy to a Tenant policy, the Tenant policy will count as a qualifying homeowner policy, regardless of the relationship between the Coverage C amount and the life insurance/annuity amount.

2. The amount of such permanent life policy, or the sum of the amounts of all such permanent life policies on the account owner and/or spouse is equal to or greater than \$500,000.
3. The annualized premium for any individual permanent life insurance policy, or the sum of the annualized premium amounts of all such permanent life policies on the account owner and/or spouse, is greater than or equal to \$1,200.
4. If the annuity method is selected, the annuity policies on the account owner and/or spouse must have a cash value equal to or greater than \$100,000 at the inception date of the discount.

The TLC Discount may be applied to or deleted from a homeowner policy at the evaluation date. Policies will be evaluated when a new business, corrected new business, renewal, corrected renewal or reinstatement with a lapse transaction is processed. All new business policies will be reviewed 90 days after issue to see if all discount requirements have been met. If not, the discount will be removed from the policy retroactively. All renewal business policies will be reviewed during the 90 days following the renewal effective date to see if all discount requirements have been met. If so, the discount will be applied retroactively to the renewal effective date.

Applicable to All Policy Forms.

G. AUTO-HOME DISCOUNT

For each Homeowner Dwelling form and Condominium Form written in American National General Insurance Company on the account, a 10% discount applies when the appropriate homeowner and automobile policy conditions, as outlined below, have been met by the account.

- A qualifying automobile policy must be written in American National General Insurance Company.
- Camping/travel trailers, utility trailers, motor homes, motorcycles, recreational vehicles, and Named Non-Owner auto policies do not qualify a homeowner policy for the Auto-Home Discount.
- Tenant policies do not qualify for the Auto-Home Discount.
- The automobile policy must be in force anytime during the 15 days prior to the effective date of the homeowner policy; or the qualifying new business automobile policy effective date may not be greater than 90 days after the homeowner policy's effective date.

The Auto-Home Discount may be applied to or deleted from a homeowner policy at the evaluation date. Policies will be evaluated when a new business, corrected new business, renewal, corrected renewal or reinstatement with a lapse transaction is processed. All new business policies will be reviewed 90 days after issue to see if all discount requirements have been met. If not, the discount will be removed from the policy retroactively. All renewal business policies will be reviewed during the 90 days following the renewal effective date to see if all discount requirements have been met. If so, the discount will be applied retroactively to the renewal effective date.

Applicable to Policy Form 3 and Form 6.

H. OPTIONAL LIABILITY LIMITS

The premium pages include Coverages E and F coverage limits of \$100,000/\$1,000 for Forms 4 and 6, and \$300,000/\$2,000 for Form 3. If other limits are desired, the premium is adjusted according to the table below. In all cases, the limits for Coverages E and F must be the same for all exposures covered under the policy. Coverage F limits are "each person" limits.

Coverage E - Personal <u>Liability Limits</u>	Form 3 Described <u>Residence</u>	Premium Adjustment	
		Forms 4 & 6 Described <u>Residence</u>	Forms 3, 4, & 6 Add'l. Residence Premises Occupied by Insured <u>1 or 2 Fam. Dwelling</u>
\$ 25,000	\$-12	\$-2	\$+1
50,000	-11	-1	+2
100,000	-10	Base	+3
200,000	-5	+5	+4
300,000	Base	+10	+5
500,000	+7	+17	+7
1,000,000	+25	+34	+12

Coverage F - Medical <u>Payments Limits</u>	Form 3 Described <u>Residence</u>	Premium Adjustment	
		Forms 4 & 6 Described <u>Residence</u>	Forms 3, 4, & 6 Add'l. Residence Premises Occupied by Insured <u>1 or 2 Fam. Dwelling</u>
\$1,000	\$-3	Base	\$+2
2,000	Base	\$+3	+3
5,000	+6	+9	+6

Applicable to All Policy Forms.

I. PERSONAL PROPERTY

1. Increased Limits

When the limit of liability for Coverage C is increased, the additional premium shall be \$0.44 per \$1,000 of insurance.

2. Reduction in Limit

The limit of liability for Coverage C may be reduced to an amount not less than 40% of the limit for Coverage A at a credit of \$0.64 per \$1,000 of insurance. Reduction in the limit of liability for Coverage C is not permitted when Endorsements SH-9042 - Office, Professional, Private School, or Studio Use, SH-31410 – Special Protection Package (Silver), SH-31796 – Enhanced Protection Package (Gold), or the SH-91801 – Supreme Protection Package (Platinum) are requested.

Applicable to Form 3 Only.

J. OTHER STRUCTURES - Increased Limits

The basic policy provides a 10% of Coverage A extension applicable to Coverage B, Other Structures, located on the residence premises. The structure must be identified and the specific amount of additional coverage must be shown.

When the limit of liability for Coverage B is increased, the additional premium shall be \$2.06 per \$1,000 of insurance.

Applicable to Form 3 Only.

K. BUILDING ADDITIONS AND ALTERATIONS

When the basic limit of \$1,000 is increased, the applicable premium is \$4.36 for each additional \$1,000 of Coverage A.

Applicable to Form 6 Only.

L. LOG HOME SURCHARGE

For homes constructed of full logs, a 75% surcharge applies. The surcharge does not apply to homes with log siding.

Applicable to Form 3 Only.

II. Optional Endorsement Coverages and Credits for Forms 3, 4, and 6

A. Section I - Property Damage Coverages and Credits

1. **SH-9291 - CONTENTS REPLACEMENT COST COVERAGE**

Coverage for personal property may be extended to include the full cost of repair or replacement without deduction for depreciation, subject to the terms of the contents replacement cost endorsement.

When this coverage is provided on a Form 3 policy without Modified Replacement Cost Coverage, Coverage A must be 100% of the dwelling replacement cost. The additional annual premium for this coverage is determined as follows:

Form 3 - Multiply the total adjusted base premium by 10% (round to the nearest dollar):

Form 4 - Multiply the total adjusted base premium by 30% (round to nearest dollar):

<u>Policy</u>	<u>Minimum Additional Premium</u>
Form 3	\$22
Form 4	\$24

Applicable to Policy Form 3 and Form 4 Only.
 Coverage required with the Special Protection Package (Silver),
 and the Enhanced Protection Package (Gold).
 Coverage automatically provided with the Supreme Protection Package (Platinum).

2. SH-31161 - MODIFIED REPLACEMENT COST

When a home's market value is 80% or less of its replacement cost, then Modified Replacement Cost will apply. This endorsement revises the Loss Settlement provision for Coverage A allowing us to repair and replace damage to a dwelling with commonly used construction materials and methods. The additional premium is determined by multiplying the total adjusted base premium by the following:

Replacement Cost Policy Amount Factor		Replacement Cost Deductible Amount Factor		MRC Credit Factor	-	1
÷	X	÷	X			
Desired Coverage Policy Amount Factor		Desired Coverage Deductible Amount Factor				
				MRC Credit Factors for Coverage A Amounts Above \$150,000		
				>70% but ≤ 80%		0.89
				>60% but ≤ 70%		0.87
				>50% but ≤ 60%		0.85
				>40% but ≤ 50%		0.82
				>30% but ≤ 40%		0.79
				>20% but ≤ 30%		0.75
				≤ 20%		0.70
				MRC Credit Factors for Coverage A Amounts At or Below \$150,000		
				>70% but ≤ 80%		0.96
				>60% but ≤ 70%		0.93
				>50% but ≤ 60%		0.90
				>40% but ≤ 50%		0.87
				>30% but ≤ 40%		0.85
				>20% but ≤ 30%		0.82
				≤ 20%		0.79

Applicable to Policy Form 3 Only.

3. SH-9292 - DWELLING UNDER CONSTRUCTION

A homeowner policy may be issued to cover a dwelling under construction if the construction will be completed and the dwelling occupied within one year from the date construction begins. The effective date of the policy must be the date construction is actually started. If a home has a basement, however, the effective date must be the date construction begins above the level of the lowest basement floor. The amount of coverage provided is provisional.

Upon occupancy or completion, whichever is sooner, the home office must be notified and the policy will be amended to reflect any adjustments. (Refer to further requirements under eligibility section of manual.)

To determine the dwelling under construction credit, multiply the adjusted base premium by 66%.

The utilities/roof rating plan and protective device credit do not apply to a policy that receives the dwelling under construction credit. (Refer to further requirements under eligibility section of manual.)

The following endorsements are not available to homes receiving the Dwelling Under Construction Credit: the Special Protection Package (Silver), the Enhanced Protection Package (Gold), and the Supreme Protection Package (Platinum).

Applicable to Policy Form 3 Only.
Not Applicable for Manufactured Homes.

4. SH-9781 - THEFT COVERAGE ON DWELLING UNDER CONSTRUCTION

For an additional premium, theft coverage in or to a newly constructed dwelling prior to occupancy is available if the dwelling is fully enclosed and capable of being locked.

Upon occupancy or completion, whichever is sooner, the home office must be notified and the policy will be amended to reflect any adjustments.

The Dwelling Under Construction Endorsement, SH-9292, must be present in order to add endorsement.

The premium will not be refunded if this endorsement is cancelled.

<u>Policy Deductible</u>	<u>Premium</u>
\$500/1% Wind/Hail	\$12
\$1,000 or \$1,000/0.5% or \$1,000/1% Wind/Hail	11
0.5% of Coverage A	10
1% of Coverage A	9
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	8
\$3,000	7
2% of Coverage A	6
\$5,000	4

Applicable to Policy Form 3 Only.

5. SH-9766 - SCHEDULED PERSONAL PROPERTY COVERAGE

This endorsement provides specific coverage for certain eligible classes of personal property. Refer to underwriting section for description of eligible classes. Each item must be listed separately and a premium charged accordingly. The amount of coverage shown for each item will be the maximum limit of coverage provided by the Company. Each item must be scheduled for 100% of its current value.

The additional premium for this coverage is:

LIMIT CODE	ELIGIBLE CLASSES	ANNUAL RATES PER \$100 OF INSURANCE DEDUCTIBLE	
		ACV	10%
01	Jewelry	\$1.00	\$0.95
02	Furs	0.50	0.48
03	Cameras and Equipment (Noncommercial)	1.43	1.36
04	Musical Instruments* (Nonprofessional Only)	0.60	0.57
05	Silverware	0.29	0.28
06	Sporting Equipment	1.65	1.57
07	Fine Arts	0.37	0.35
08	Stamps	0.70	0.67
09	Coins	1.60	1.52
10	Tools	1.71	1.62
11	Collectibles	0.86	0.82
12	Guns	1.65	1.57
13	Pets		
	First \$200	8.55	8.12
	Each Additional \$100	4.28	4.07

* A professional is a person who receives any remuneration during the term of the policy for playing a musical instrument.

Applicable to All Policy Forms.

6. **SH-9381 - BROADENED JEWELRY, WATCHES, AND FURS COVERAGE**

This endorsement may be attached providing coverage for such items when the loss is caused by direct, physical loss or damage other than any named peril listed in the policy, with an individual limit per item of \$1,000 and a total limit of \$2,500 per occurrence.

The Special Limits of Liability under Coverage C – Personal Property, for loss by theft are as follows:

- a. The greater of \$2,500 or ½ of 1% of Coverage A for all Property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-3.
- b. The greater of \$2,500 or 1% of Coverage C for all property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-4.
- c. The greater of \$2,500 or 2% of Coverage C for all property subject to a maximum limit of \$1,000 for any one item. This applies to Policy Form SH-6.

The limit of liability shown in the Declarations for Coverage C is increased \$2,500 for covered perils other than the named perils listed in the policy.

The additional premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$8
\$1,000 or \$1,000/0.5% or \$1,000/1% Wind/Hail	7
0.5% of Coverage A	6
1% of Coverage A	5
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	4
\$3,000	3
2% of Coverage A	2
\$5,000	1

Applicable to All Policy Forms for their respective deductible options.
Not applicable with the Supreme Protection Package (Platinum)

7. **SH-91281 - BROADENED JEWELRY, WATCHES, AND FURS COVERAGE – INCREASED LIMIT**

This endorsement may be attached providing coverage for such items when the loss is caused by direct physical loss, or by damage other than any named peril listed in the policy, with an individual limit per item of \$2,500 and a total limit of \$5,000 per occurrence.

The Special Limits of Liability under Coverage C – Personal Property for losses by theft are as follows:

- a. The greater of \$5,000 or ½ of 1% of Coverage A for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-3.
- b. The greater of \$5,000 or 1% of Coverage C for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-4.
- c. The greater of \$5,000 or 2% of Coverage C for all property subject to a maximum limit of \$2,500 for any one item. This applies to Policy Form SH-6.

The limit of liability shown in the Declarations for Coverage C is increased by \$5,000 for covered perils other than the named perils listed in the policy.

The additional premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$28
\$1,000 or \$1,000/0.5% or \$1,000/1% Wind/Hail	24
0.5% of Coverage A	23
1% of Coverage A	22
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	20
\$3,000	18
2% of Coverage A	17
\$5,000	10

Applicable to All Policy Forms for their respective deductible options.
Not applicable with the Supreme Protection Package (Platinum)

8. SH-91044 - INCREASED COVERAGE FOR GUNS

The basic Form 3 policy form provides theft coverage for guns and related equipment, with a total limit of the greater of \$3,000 or 1% of Coverage A per occurrence.

The basic Form 4 policy forms provides theft coverage for guns and related equipment, with a total limit of the greater of \$2,500 or 2% of Coverage C per occurrence.

The basic Form 6 policy provides theft coverage for guns and related equipment, with a total limit of the greater of \$3,000 or 2% of Coverage C per occurrence.

This endorsement may be attached to these policies to increase the limit to the greater of \$5,000 or 1% of Coverage A (Form 3) OR the greater of \$5,000 or 2% of Coverage C (Forms 4 and 6) per occurrence, for loss by theft.

The annual premium for this increased limit is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$8
\$1,000 or \$1,000/0.5% or \$1,000/1% Wind/Hail	7
0.5% of Coverage A	6
1% of Coverage A	5
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	4
\$3,000	3
2% of Coverage A	2
\$5,000	1

Applicable to All Policy Forms for their respective deductible options.
Coverage automatically provided in Form 3 with the Supreme Protection Package (Platinum).

9. SH-91045 - INCREASED COVERAGE FOR SERVICE SETS

The basic Form 3 policy form provides theft coverage for silverware, goldware, and other service sets with a total limit of the greater of \$2,500 or 1% of Coverage A per occurrence.

The basic Form 4 and Form 6 policy forms provide theft coverage for silverware, goldware, and other service sets with a total limit of the greater of \$2,500 or 2% of Coverage C per occurrence.

This endorsement may be attached to these policies to increase the limit to the greater of \$5,000 or 1% of Coverage A (Form 3) OR the greater of \$5,000 or 2% of Coverage C (Forms 4 and 6) per occurrence, for loss by theft.

The annual premium for this increased limit is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$10
\$1,000 or \$1,000/0.5% or \$1,000/1% Wind/Hail	9
0.5% of Coverage A	8
1% of Coverage A	7
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	6
\$3,000	5
2% of Coverage A	4
\$5,000	3

Applicable to All Policy Forms for their respective deductible options.

Coverage automatically provided in Form 3 with the Supreme Protection Package (Platinum).

10. **SH-91794 – INCREASED LIMITS FOR HOME COMPUTER HARDWARE AND SOFTWARE**

This endorsement provides increased coverage for computer hardware and software whether used for personal or business reasons. For Form 3, the basic policy limits for computer hardware and software may be increased up to \$20,000, OR 1% of Coverage A, whichever is greater. For Forms 4 and 6, the basic policy limits for computer hardware and software may be increased up to \$20,000, OR 2% of Coverage C, whichever is greater.

The premium for increased limits for computer hardware and software is \$4 per thousand.

Applicable to All Policy Forms.

11. **SH-9050 - INCREASED LIMITS FOR PERSONAL PROPERTY AT OTHER RESIDENCES**

The basic policy provides a 10% extension of Coverage C for personal property normally located at additional residences away from the residence premises. This endorsement may be attached to provide increased coverage for personal property usually located at any insured's residence other than the residence premises.

The premium for these increased limits is \$5 per thousand.

Applicable to All Policy Forms.

12. **SH-9878 - EARTHQUAKE COVERAGE (10% Deductible)**

NOTE: This endorsement is available only for renewals that currently have this endorsement.

This endorsement amends the policy to include coverage for direct physical loss to property described in Coverages A, B, and C caused by earthquake. When earthquake coverage is provided, it does not increase the limits of liability stated in the policy and does not include the costs of filling land.

The deductible for loss covered under this earthquake endorsement is the amount determined by applying the deductible percentage of **10%** separately to each of the following:

- (a) the limit as shown on the Declarations for Coverage A - Dwelling;
- (b) the limit as shown on the Declarations for Coverage B - Other Structures;
- (c) the limit as shown on the Declarations for Coverage C - Personal Property plus the limit of coverage provided under any Scheduled Personal Property Endorsements.

In addition, the minimum deductible amount for any one covered loss under Coverages A, B, or C shall be \$500 for each coverage that applies to the loss.

NOTE: SPECIAL BINDING AUTHORITY RESTRICTIONS FOR THIS ENDORSEMENT (new or renewal business)

For a period of 30 days, coverage may not be bound on any house within 100 miles of the epicenter of an earthquake measuring 5.0 or greater on the Richter Scale.

Additionally, coverage is not provided until 10 days after the endorsement effective date. This restriction does not apply to new business if the insured maintained earthquake coverage up to the policy effective date.

The exclusion applying to exterior masonry veneer may be deleted for the additional premium shown below under the All Others category.

The premium for this coverage is:

ZONE	PREMIUM PER \$1,000 FRAME								APPLIED TO
	1	2	3	4	5	6	7	8	
FORM 3	\$3.58	\$1.69	\$1.69	\$.90	\$.90	\$.53	\$.47	\$.31	Coverage A Limit of Liability
FORMS 4 and 6	.68	.34	.26	.22	.19	.16	.14	.12	Coverage C Limit of Liability
FORM 3 Coverage C Increased Limits	.34	.17	.13	.11	.10	.08	.07	.06	Amount of Increase Only
ALL FORMS Appurtenant Structures	3.58	1.69	1.69	.90	.90	.53	.47	.31	Amount Increased or Added

ZONE	PREMIUM PER \$1,000 ALL OTHERS								APPLIED TO
	1	2	3	4	5	6	7	8	
FORM 3	\$5.34	\$2.52	\$2.52	\$1.35	\$1.35	\$.79	\$.70	\$.47	Coverage A Limit of Liability
FORMS 4 and 6	.68	.34	.26	.22	.19	.16	.14	.12	Coverage C Limit of Liability
FORM 3 Coverage C Increased Limits	.34	.17	.13	.11	.10	.08	.07	.06	Amount of Increase Only
ALL FORMS Appurtenant Structures	5.34	2.52	2.52	1.35	1.35	.79	.70	.47	Amount Increased or Added

Zone Definitions

Countries of:	1.	Mississippi	Poinsett
	2.	Craighead	Crittenden Cross
	3.	Clay Greene	Jackson St. Francis
	4.	Independence Lawrence Lee	Monroe Prairie Randolph White Woodruff
	5.	Arkansas	Lonoke Phillips
	6.	Chicot Cleveland Dallas Desha	Drew Grant Jefferson Lincoln Pulaski Saline Sharp
	7.	Ashley Bradley Calhoun	Cleburne Conway Faulkner Iazard Perry
	8.	Remainder of State	

Applicable to All Policy Forms.

13. SH-91260 - EARTHQUAKE COVERAGE (15% Deductible)

NOTE: This endorsement is available only for renewals that currently have this endorsement.

This endorsement amends the policy to include coverage for direct physical loss to property described in Coverages A, B, and C caused by earthquake. When earthquake coverage is provided, it does not increase the limits of liability stated in the policy and does not include the costs of filling land.

The deductible for loss covered under this earthquake endorsement is the amount determined by applying the deductible percentage of **15%** separately to each of the following:

- (a) the limit as shown on the Declarations for Coverage A - Dwelling;
- (b) the limit as shown on the Declarations for Coverage B - Other Structures;
- (c) the limit as shown on the Declarations for Coverage C - Personal Property plus the limit of coverage provided under any Scheduled Personal Property Endorsements.

In addition, the minimum deductible amount for any one covered loss under Coverages A, B, or C shall be \$750 for each coverage that applies to the loss.

NOTE: SPECIAL BINDING AUTHORITY RESTRICTIONS FOR THIS ENDORSEMENT (new or renewal business)

For a period of 30 days, coverage may not be bound on any house within 100 miles of the epicenter of an earthquake measuring 5.0 or greater on the Richter Scale.

The exclusion applying to exterior masonry veneer may be deleted for the additional premium shown below under the All Others category.

The premium for this coverage is:

ZONE	PREMIUM PER \$1,000 FRAME								APPLIED TO
	1	2	3	4	5	6	7	8	
FORM 3	\$2.51	\$1.18	\$1.18	\$.63	\$.63	\$.37	\$.33	\$.22	Coverage A Limit of Liability
FORMS 4 and 6	.48	.24	.18	.15	.13	.11	.10	.08	Coverage C Limit of Liability
FORM 3 Coverage C Increased Limits	.24	.12	.09	.08	.07	.06	.05	.04	Amount of Increase Only
ALL FORMS Appurtenant Structures	2.51	1.18	1.18	.63	.63	.37	.33	.22	Amount Increased or Added

ZONE	PREMIUM PER \$1,000 ALL OTHERS								APPLIED TO
	1	2	3	4	5	6	7	8	
FORM 3	\$3.74	\$1.76	\$1.76	\$.95	\$.95	\$.55	\$.49	\$.33	Coverage A Limit of Liability
FORMS 4 and 6	.48	.24	.18	.15	.13	.11	.10	.08	Coverage C Limit of Liability
FORM 3 Coverage C Increased Limits	.24	.12	.09	.08	.07	.06	.05	.04	Amount of Increase Only
ALL FORMS Appurtenant Structures	3.74	1.76	1.76	.95	.95	.55	.49	.33	Amount Increased or Added

*See Endorsement SH-9878 for zone descriptions.
Applicable to All Policy Forms.

14. SH-6035 - LOSS ASSESSMENT COVERAGE

When the policy is extended to cover loss assessment for which the insured may be liable, excluding Earthquake, the premiums listed shall apply:

<u>Limit of Liability</u>	<u>Premium Per \$1,000 Coverage</u>
First \$5,000	\$0.49
Next \$20,000	0.25
Above \$25,000	0.10

Applicable to Policy Form 6 Only.

15. **SH-9401 - BUSINESS MERCHANDISE COVERAGE**

The policy excludes from Section I Coverage any loss to merchandise held as samples or for sale after delivery. This endorsement may be attached to provide \$5,000 coverage for this exposure.

The premium for this coverage is:

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$13
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	12
0.5% of Coverage A	11
1% of Coverage A	10
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	9
\$3,000	8
2% of Coverage A	7
\$5,000	5

Applicable to All Policy Forms for their respective deductible options.

16. **SH-9833 - OTHER STRUCTURE RESTRICTION**

This endorsement allows homes to be insured that have other structures on the residence premises which are in poor condition. These structures are specifically identified on the endorsement and coverage is excluded.

A photograph of each excluded other structure is required.

No additional premium or discount is applicable to this endorsement.

Applicable to Policy Form 3 Only.

17. **SH-9818 - OFF PREMISES STRUCTURES**

With this endorsement, Coverage B - Other Structures may be extended to include structures which are located off premises. Coverage will be provided on an actual cash value basis for accidental direct physical loss. Coverage will not apply to: 1) Off premises dwellings, whether or not owner-occupied; 2) Buildings used in whole or in part for business purposes; or 3) Buildings which are rented or held for rental unless used solely as a private garage.

This endorsement does not increase the amount of coverage applying to Coverage B. The additional coverage provided by this endorsement applies only to the Off Premises Structure insured.

The additional premium shall be \$2.70 per \$1,000 of insurance.

Applicable to Policy Form 3 Only.

18. **SH-91227 - BROADENED WATER BACKUP OF SEWERS AND DRAINS**

The policy excludes from Section I Coverage any loss that is caused by water which backs up through sewers or drains. This endorsement may be attached to provide coverage for direct physical loss caused by water which backs up through sewers or drains, sump pumps, sump pump wells, or any device for the removal of ground water.

There is no coverage provided if the loss is caused by the insured's negligence.

The policy deductible or \$1,000, whichever is greater, will be deducted for each backup of sewer or drain loss covered by this endorsement.

The premium for this endorsement is listed below by amount of coverage provided per year.

<u>Amount of Coverage</u>	<u>Premium</u>
\$ 5,000	\$ 122
10,000	162

Applicable to Policy Form 3 and Form 6 Only.
Not Available with the Supreme Protection Package (Platinum).

19. **SH-9661 - WATER BACKUP OF SEWERS AND DRAINS**

The policy excludes from Section I Coverage any loss that is caused by water which backs up through sewers or drains. This endorsement may be attached to provide up to \$2,500 of coverage per year for direct physical loss caused by water which backs up through sewers or drains, sump pumps, sump pump wells, or any device for the removal of ground water.

There is no coverage provided if the loss is caused by the insured's negligence, or for the replacement value, actual cash value, or actual replacement of basement flooring materials.

The policy deductible or \$1,000, whichever is greater, will be deducted for each backup of sewer or drain loss covered by this endorsement.

The premium for this coverage is \$81.

Applicable to Policy Form 3 and Form 6 Only.
Not Available with the Supreme Protection Package (Platinum).

20. **SH-9304 - FIRE DEPARTMENT SERVICE CHARGE**

The limit of \$500 provided under the Homeowner policy may be increased at an additional rate of \$2 per \$500 of coverage.

Applicable to All Policy Forms.

21. **SH-9053 - CREDIT CARD, FUND TRANSFER CARD, FORGERY, AND COUNTERFEIT MONEY COVERAGE**

This endorsement provides increased limits for these types of property.

The premiums for this additional coverage are as follows:

<u>Additional Coverage Amount</u>	<u>Premium</u>
\$ 1,000	\$ 2
2,000	4
3,000	6
4,000	8
5,000	10

Applicable to All Policy Forms.

22. **SH-9807 - VACANCY COVERAGE**

Forms 3 and 6 restrict coverage for vandalism and glass breakage if the dwelling has been vacant for more than 30 consecutive days. For an additional premium, this limitation may be deleted.

<u>Policy Deductible</u>	<u>Premium</u>
\$500 or \$500/1% Wind/Hail	\$44
\$1,000 or \$1,000/0.5% Wind/Hail or \$1,000/1% Wind/Hail	37
0.5% of Coverage A	36
1% of Coverage A	35
\$2,000 or \$2,000/0.5% Wind/Hail or \$2,000/1% Wind/Hail	32
\$3,000	29
2% of Coverage A	27
\$5,000	16

Applicable to Policy Form 3 and Form 6 Only for their respective deductible options.

23. **SH-6033 - CONDOMINIUM UNIT-OWNERS RENTAL TO OTHERS**

When the policy is extended to include coverage for unscheduled personal property when the premises is rented to others, the additional premium shall be the otherwise applicable basic Form 6 premium increased 35%.

Applicable to Policy Form 6 Only.

24. **SH-31263 - SPECIAL PROTECTION PACKAGE – “Silver”**

Coverage may be written to provide a maximum loss payment of 125% of the Coverage A amount for the dwelling. This coverage and Ordinance or Law Coverage shall not increase the total amount the Company pays under Coverage A - Dwelling for the cost of repair or replacement beyond 125% of the limit as shown on the Declarations for Coverage A.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost, and
2. Purchase Replacement Cost Coverage on contents.
3. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this Special Package increases the limit of Coverage C - Personal Property to 75% of Coverage A - Dwelling, and increases the limit of Coverage D - Loss of Use to 25% of Coverage A.

Annual Premium - \$10

Applicable to Policy Form 3 Only.

Not Applicable With Modified Replacement Cost Coverage,
Enhanced Protection Package (Gold),
or Supreme Protection Package (Platinum).

Not Applicable for Manufactured Homes.

25. **SH-31796 - ENHANCED PROTECTION PACKAGE – “Gold”**

Coverage may be written to provide loss payment of the Coverage A amount for the amount to repair or replace the dwelling up to 125% of the Coverage A amount shown on the policy Declarations. This endorsement also provides the following coverage enhancements:

1. Ordinance or Law Coverage: Up to 25% of the Coverage A limit.
2. Dwelling Lock Replacement Coverage: Up to \$500.
3. Land Coverage: Up to \$10,000 for costs to replace, rebuild, stabilize or otherwise restore the land necessary to support that part of the dwelling sustaining a covered loss.
4. Additional Living Expense and Fair Rental Value: Time period extended to 36 months.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost, and
2. Purchase Replacement Cost Coverage on contents.
3. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling, which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this Enhanced Protection Package increases the limit of Coverage C – Personal Property to 75% of Coverage A – Dwelling, and increases the limit of Coverage D – Loss of Use to 25% of Coverage A.

The additional premium is determined by applying the following schedule:

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	1% X Adjusted Base Premium + \$34
First Preceding Year	3% X Adjusted Base Premium + \$34
Second Preceding Year	4% X Adjusted Base Premium + \$34
Third Preceding Year	6% X Adjusted Base Premium + \$34
Fourth Preceding Year	7% X Adjusted Base Premium + \$34
Fifth and All Additional Preceding Years	9% X Adjusted Base Premium + \$34

Zone 2

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	1% X Adjusted Base Premium + \$34
First Preceding Year	4% X Adjusted Base Premium + \$34
Second Preceding Year	7% X Adjusted Base Premium + \$34
Third Preceding Year	10% X Adjusted Base Premium + \$34
Fourth Preceding Year	13% X Adjusted Base Premium + \$34
Fifth and All Additional Preceding Years	16% X Adjusted Base Premium + \$34

*See Endorsement SH-91407 for Zone definitions.

Applicable to Policy Form 3 Only.

Not Applicable with Modified Replacement Cost Coverage,
Special Protection Package (Silver),
or Supreme Protection Package (Platinum).

Not Applicable for Manufactured Homes.

26. **SH-91801- SUPREME PROTECTION PACKAGE – “Platinum”**

Coverage may be written to provide loss payment of the Coverage A amount for the amount to repair or replace the dwelling up to 200% of the Coverage A amount shown on the policy Declarations. This endorsement extends coverage for personal property to include all risk coverage, subject to the terms of the Supreme Protection Package. This endorsement also provides the following coverage enhancements:

1. Ordinance or Law Coverage: Up to 100% of the Coverage A limit.
2. Debris Removal: Increased from \$500 to \$1,000.
3. Trees, Shrubs, and Other Plants: Increased from \$500 to \$1,000.
4. Fire Department Service Charge: Increased from \$500 to \$1,000.
5. Refrigerated Products Coverage: Up to 100% of the Coverage C limit.
6. Dwelling Lock Replacement Coverage: Up to \$500.
7. Limited Fungus Remediation Coverage: Up to \$15,000.
8. Water Backup Coverage: Up to \$20,000.
9. Land Coverage: Up to 10% of the amount of the covered loss to the dwelling or other structure for the excavation, replacement, or stabilization of the land on the residence premises.
10. Additional Living Expense and Fair Rental Value: Time period extended to 36 months.

One- to two-family dwellings are eligible.

To qualify for this coverage, the insured must agree to:

1. Insure the dwelling for 100% Replacement Cost;
2. Purchase Stolen Identity Package Endorsement, SH-91465;
3. Purchase Equipment Breakdown Coverage Endorsement, SH-91909; and
4. Notify the Company within 90 days of the start of any new building or any additions or other physical changes of the dwelling, which will increase the value of the dwelling by \$5,000 or more and pay any resulting additional premium.

In addition, this endorsement removes the percent limitation of Coverage D – Loss of Use and provides up to 30 days coverage for prohibited use by civil authority and includes Ordinance or Law Coverage when damage to the dwelling exceeds 10% of the Coverage A amount. The Supreme Protection Package also increases the limit of Coverage B to 20% of Coverage A, and increases the limit of Coverage C to 75% of Coverage A. Furthermore, this Supreme Protection Package provides increased special limits of liability for several items, as detailed in the endorsement.

The additional premium is determined by applying the following schedule:

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	23% X Adjusted Base Premium + \$309
First Preceding Year	25% X Adjusted Base Premium + \$309
Second Preceding Year	26% X Adjusted Base Premium + \$309
Third Preceding Year	28% X Adjusted Base Premium + \$309
Fourth Preceding Year	29% X Adjusted Base Premium + \$309
Fifth and All Additional Preceding Years	31% X Adjusted Base Premium + \$309

Zone 2

<u>Home Completed and First Occupied</u>	<u>Premium</u>
Current Calendar Year	23% X Adjusted Base Premium + \$309
First Preceding Year	26% X Adjusted Base Premium + \$309
Second Preceding Year	29% X Adjusted Base Premium + \$309
Third Preceding Year	32% X Adjusted Base Premium + \$309
Fourth Preceding Year	34% X Adjusted Base Premium + \$309
Fifth and All Additional Preceding Years	37% X Adjusted Base Premium + \$309

*See Endorsement SH-91407 for Zone definitions.

Applicable to Policy Form 3 Only.

Not Applicable with Modified Replacement Cost Coverage,
Special Protection Package (Silver),
or Enhanced Protection Package (Gold).

Not Applicable for Manufactured Homes.

27. SH-91407 – ORDINANCE OR LAW COVERAGE

For the additional premium, covered losses that are at least 50% or more of the Coverage A limit for Policy Form 3 will be settled on the basis of any ordinance or law that regulates the construction, repair or demolition of the property. The amount of coverage provided by this endorsement is 25% of the Coverage A limit.

For Form 3 policies, this coverage and Special Protection Package (Silver) Coverage shall not increase the total amount the Company will pay under Coverage A - Dwelling for the cost of repair or replacement beyond 125% of the Coverage A limit as shown on the Declarations.

The additional premium is determined by multiplying the adjusted base premium by the following applicable percentage:

<u>Home Completed and First Occupied</u>	<u>Adjustment to Base Premium</u>	
	<u>Zone 1</u>	<u>Zone 2</u>
Current Calendar Year	0%	0%
First Preceding Year	2%	3%
Second Preceding Year	3%	6%
Third Preceding Year	5%	9%
Fourth Preceding Year	6%	12%
Fifth and All Preceding Years	8%	15%

Zone 1 – Remainder of State

Zone 2 – Clay, Craighead, Crittenden, Greene, Mississippi, Poinsett Counties

Applicable to Policy Form 3 Only.

Equivalent or better coverage automatically provided with the Enhanced Protection Package (Gold); and Supreme Protection Package (Platinum).

28. SH-91465 – STOLEN IDENTITY PACKAGE “Secure I.D. from ANPAC®”

For an additional premium, this endorsement may be added to the policy to provide up to \$50,000 for reasonable and necessary expenses incurred by an insured as the result of any one stolen identity occurrence during the policy period. Aggregate coverage for multiple stolen identity occurrences shall not exceed \$100,000 per policy period. Income Replacement coverage of up to \$200 per day for a maximum of 25 days or \$5,000 for lost wages when having to take time from work to rectify records as a result of a stolen identity occurrence. No deductible applies to the loss for each stolen identity occurrence.

The premium for this coverage is \$90. (A minimum premium of \$35 shall be earned in full.)

Applicable to All Policy Forms.

Required with the Supreme Protection Package (Platinum).

29. SH-91909 – EQUIPMENT BREAKDOWN COVERAGE

For an additional premium, this endorsement may be added to provide up to \$50,000 in repair or replacement coverage arising from any one accident caused by sudden and accidental breakdown of mechanical or electrical equipment such as central air conditioning unit, heating unit, hot water heater and other basic electrical services in the home (central vacuums, chair lifts/elevators, well pumps, generators, electric power panels, permanently installed appliances, etc.).

Coverage is also provided for spoilage of refrigerated property (\$500), and loss of use (\$200 per day/\$1,000 aggregate) as a result of a covered loss. Loss due to electrical power surge or brownout is not covered. Electronic entertainment or component equipment is not covered. The coverage provided under this endorsement does not increase any limit of liability under Section I. A \$1,000 deductible applies for each covered occurrence.

The premium for this coverage is as follows:

Coverage A Value Range	0-\$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$5,000,000
Base Rate	\$73	\$109	\$137	\$150

Applicable to Policy Forms 3 and 6

Required with the Supreme Protection Package (Platinum).

30. SH-9819 - CONTRACTORS' INTEREST

The contractor's interest in the building only is covered with this endorsement. No additional premium is applicable for this coverage.

Applicable to Form 3 Only.

B. Section II - Liability Coverages

1. SH-9072 - INCIDENTAL FARM AND ANIMAL LIABILITY COVERAGE

This endorsement provides Section II coverage for incidental farming operations conducted on the residence premises or caused by animals on or adjacent to the residence premises. "Incidental" would include instances where the insured has livestock or plant crops used only for personal consumption.

It should be noted this is not a farmers comprehensive personal liability coverage. This form has no provision for covering employer's liability or extended liability for farming operations conducted away from the residence premises.

As farming operations create unique exposures, careful attention to underwriting must be given. Underwriting considerations for this incidental coverage include the number of acres, number of animals, and the size and condition of any outbuildings.

The additional premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Farm and Animal</u>
\$ 25,000	\$ 5
50,000	6
100,000	7
200,000	9
300,000	11
500,000	15
1,000,000	25

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Farm and Animal</u>
\$ 1,000	\$ 4
2,000	5
5,000	7

Applicable to Policy Form 3 Only.

2. **SH-9071 - INCIDENTAL BUSINESS PURSUITS**

This endorsement may be attached to provide Section II coverages for liability of the insured arising out of incidental business activities; however, this coverage does not apply to products liability. Only the occupations listed below are eligible for this coverage.

NOTE: This coverage may not be provided for any insured in connection with a business partnership of which the insured is a partner or member. The limits of liability for this coverage must be the same as in the basic policy.

Classifications:

- A. Clerical Office Employees - Defined as those employees whose duties are confined to keeping the books or records, conducting correspondence, or who are engaged wholly in office work where such books or records are kept or where such correspondence is conducted, having no other duty of any nature in or about the employer's premises.
- B. Salespersons, collectors, or messengers.
- C. Teachers - For all teachers, including corporal punishment of pupils.

The premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Classifications A, B, and C</u>
\$ 25,000	\$ 3
50,000	4
100,000	5
200,000	6
300,000	7
500,000	8
1,000,000	11

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Classifications A, B, and C</u>
\$ 1,000	\$2
2,000	3
5,000	4

Applicable to All Policy Forms.

3. **SH-9380 - HOME DAY-CARE COVERAGE**

When the insured provides day-care or babysitting services in the insured dwelling or other structures located on the residence premises, this endorsement may be attached to provide Section II Coverages. The form is designed for incidental exposures only. The insured may provide day-care services for one to three children in the home at any one time. The limits shown for Coverage E and Coverage F are annual aggregate limitations, regardless of the number of occurrences, insureds, claims made, suits brought, or persons injured.

The additional premium for this coverage is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Exposures</u>
\$ 25,000	\$29
50,000	34
100,000	39
200,000	46
300,000	54
500,000	59
1,000,000	74

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Exposures</u>
\$ 1,000	\$10
2,000	15
5,000	20

Applicable to All Policy Forms.

4. **SH-9695 - CHILD CARE COVERAGE**

NOTE: Coverage is available on an exception basis and must be submitted to the Home Office for approval prior to binding coverage

When the insured provides day-care or babysitting services in the insured dwelling or other structures located on the residence premises, this endorsement may be attached to provide Section II Coverages. The form is designed for incidental exposures only. The insured may provide day-care services for up to six children in the home at any one time. The limits shown for Coverage E and Coverage F are annual aggregate limitations, regardless of the number of occurrences, insureds, claims made, suits brought, or persons injured.

The rates shown apply to all Coverage F - Medical Payment limits.

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Exposures</u>
\$ 100,000	\$196
200,000	245
300,000	294
500,000	392
1,000,000	637

Applicable to All Policy Forms.

5. **SH-9082 - PERSONAL INJURY COVERAGE**

This endorsement broadens the definition of bodily injury under Coverage E - Personal Liability, to include personal injury to others. This coverage includes areas such as false arrest, libel, or invasion of privacy, subject to limitations found in the endorsement itself.

Special underwriting considerations apply to the use of this endorsement. Generally, individuals in the following types of occupations would not be eligible for this endorsement:

1. Law Enforcement Officer, Private Investigator, Bail Bondsman
2. Internet Service, Internet Service Provider or related support personnel, backbone personnel, Installer or Consultant
3. Network Application Provider or related support personnel, Installer or Consultant
4. Director or Officer of Publicly Held Corporation
5. Judge / Politician
6. Labor Negotiator
7. Professional or Semi-Professional Athlete / Coach
8. Professional Actor, Entertainer / Author / Public Lecturer / Broadcaster /Telecaster / Newspaper Reporter / Editor / Publisher / Advertiser

Any questions regarding a specific case should be directed to your underwriter.

Coverage E – Personal <u>Liability Limits</u>	<u>Premium Adjustment</u>
\$ 100,000	\$10
200,000	12
300,000	13
500,000	16
1,000,000	24

Applicable to All Policy Forms.

6. **SH-4780 - TENANTS WATERBED LIABILITY**

A Form 4 policy may be endorsed to pay up to the Coverage E limit of liability, all sums for which the insured is legally liable to pay for damage to property of others, caused by or arising out of the ownership, maintenance or use of the owned waterbed on the residence premises. The premium for this endorsement is \$20.

Applicable to Policy Form 4 Only.

7. **SH-4074 - THREE- OR FOUR-FAMILY DWELLING PREMISES LIABILITY**

The following tables show the premium when Coverages E and F are provided for the indicated exposures.

Coverage E – Personal <u>Liability Limits</u>	Premium Adjustment	
	<u>Form 4 Only 3 Family Dwelling</u>	<u>Form 4 Only 4 Family Dwelling</u>
\$ 25,000	\$ 9	\$11
50,000	10	12
100,000	11	13
200,000	12	14
300,000	13	15
500,000	15	17
1,000,000	20	22

Coverage F – Medical <u>Payments Limits</u>	Premium Adjustment	
	<u>Form 4 Only 3 Family Dwelling</u>	<u>Form 4 Only 4 Family Dwelling</u>
\$ 1,000	\$ 7	\$ 8
2,000	8	9
5,000	10	11

Applicable to Policy Form 4 Only.

C. **Section I and II**

1. **SH-9207 - ADDITIONAL RESIDENCE PREMISES - RENTED TO OTHERS**

This endorsement provides liability and medical payments coverages for any exposure arising out of any one- to four-family dwelling which is rented from or held for rental to others by the insured. The rental property may be, but is not required to be, a part of or attached to the residence premises.

This endorsement also amends Coverage B - Other Structures to provide coverage when the structure is used for the business purpose of renting to others as a resident premises.

The additional premium is developed from the tables below:

Coverage E – Personal <u>Liability Limits</u>	Adjustment to Premium			
	Rented to Others <u>1 Family</u>	Rented to Others <u>2 Family</u>	Rented to Others <u>3 Family</u>	Rented to Others <u>4 Family</u>
\$ 25,000	\$ 6	\$10	\$14	\$18
50,000	8	12	16	20
100,000	10	14	18	22
200,000	12	16	20	24
300,000	14	18	22	28
500,000	18	22	26	34
1,000,000	28	32	36	50

Coverage F –Medical <u>Payments Limits</u>	Adjustment to Premium			
	Rented to Others <u>1 Family</u>	Rented to Others <u>2 Family</u>	Rented to Others <u>3 Family</u>	Rented to Others <u>4 Family</u>
\$ 1,000	\$6	\$8	\$12	\$ 14
2,000	8	10	14	16
5,000	12	14	18	20

Applicable to All Policy Forms.

2. **SH-9041 - ADDITIONAL INSURED RESIDENCE PREMISES**

(Other than Contractors)

This endorsement extends the definition of "insured" to include the person or persons named on the endorsement with respect to Coverages A - Dwelling, B - Other Structures, E - Personal Liability, and F - Medical Payments To Others. No additional premium is applicable for this coverage.

Applicable to All Policy Forms.

3. **SH-9042 - OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE**

When a permitted incidental occupancy is conducted on the residence premises, this endorsement must be attached. This form provides both Section I and II coverages to reflect a business exposure actually conducted on the residence premises.

Under Section I, the basic policy provides limited coverage on property actually used in business. If a higher limit is desired, the options listed below are available. Note--property for sale or held for resale is not covered under this form.

The premium for increased coverage on business property (does not include electronic Data Processing equipment or the recording or storage media used with the equipment) is:

<u>Limit</u>	<u>Premium</u>
\$5,000	\$ 5
7,500	7
10,000	10

A charge must be included for Section II coverages in all cases. The premium for the Section II exposure is developed from the tables below:

<u>Coverage E – Personal Liability Limits</u>	<u>Premium Adjustment Incidental Occupancy on Premises</u>
\$ 25,000	\$ 8
50,000	9
100,000	10
200,000	11
300,000	12
500,000	14
1,000,000	18

<u>Coverage F – Medical Payments Limits</u>	<u>Premium Adjustment Incidental Occupancy on Premises</u>
\$ 1,000	\$ 4
2,000	6
5,000	8

Applicable to All Policy Forms.

4. **438BFU – LENDER’S LOSS PAYABLE ENDORSEMENT**

This endorsement protects the mortgagee’s interest and rights and should only be added when requested by the mortgagee. No additional premium is applicable for this endorsement.

Applicable to All Policy Forms.

SERFF Tracking Number: ANPC-127106924 State: Arkansas
 First Filing Company: American National General Insurance Company, State Tracking Number:
 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	05/25/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	H-1 Homeowners Abstract	Filed	05/25/2011
Comments:			
Attachments:			
	Form H-1 (HO).pdf		
	Form H-1 (GHO).pdf		

		Item Status:	Status Date:
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey	Filed	05/25/2011
Comments:			
Attachments:			
	HPCS (ANPAC Home).xls		
	HPCS (ANGIC Home).xls		

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	05/25/2011
Comments:			
Attachments:			
	RF-1 _HO_.pdf		
	RF-1 _GHO_.pdf		

SERFF Tracking Number: ANPC-127106924 State: Arkansas
 First Filing Company: American National General Insurance Company, State Tracking Number:
 ...
 Company Tracking Number: 03-H-G-11-0091
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Homeowners
 Project Name/Number: AR ANPAC/ANG Home Rate/414973

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum Comments: Attachment: AR 2011 Actuarial Memorandum.pdf	Filed	05/25/2011

	Item Status:	Status Date:
Satisfied - Item: Exhibits Comments: Attachment: AR 2011 Rate Packet.pdf	Filed	05/25/2011

	Item Status:	Status Date:
Satisfied - Item: Supplemental Exhibits 5-16-11 Comments: Attachment: Home Supplemental Exhibits.pdf	Filed	05/25/2011

	Item Status:	Status Date:
Satisfied - Item: Supplemental Exhibits 5-23-11 Comments: Attachment: Home Supplemental Exhibits.pdf	Filed	05/25/2011

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name American National Property And Casualty Company

NAIC No. 28401 GROUP No. 408

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

We have an ongoing program to determine coverage on homes for new business and existing customers. We use estimating products developed by Marshall & Swift/Boeckh Company to help keep our homes properly insured and provide competitive rates. In addition, we started a program in 2005 to insure our homes to their value at the end of the policy term, instead of at the beginning of the policy term.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

We use the Marshall & Swift/Boeckh RCT System. This program started in 2003. Before this change we used the Boeckh Insurance to Value System.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

We offer two options: Replacement Cost and Modified Replacement Cost. Replacement Cost is available if the market value is at least 80% of the replacement cost. Modified Replacement is used to insure the home for its current market value instead of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

We use the Marshall & Swift/Boeckh Residential Building Cost Insurance Index at each renewal. This procedure is discussed in General Rule XIX.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u>	%
b. Burglar Alarm	<u>5</u>	%
c. Smoke Alarm	<u>0</u>	%
d. Insured who has both homeowners and auto with your company	<u>0</u>	%
e. Deadbolt Locks	<u>0</u>	%
f. Window or Door Locks	<u>0</u>	%
g. Other (Specify)	<u>0</u>	%
<u>Burglar Alarm to Police Dept.</u>	<u>10</u>	%
<u>Fire Alarm to Fire Dept.</u>	<u>10</u>	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

No

If so, state areas and explain reason for not writing N/A

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

<u>FORM</u>	<u>PREMIUM VOLUME</u>
SH-3	\$4,401,788
SH-4	\$59,186
SH-6	\$12,216
SH-7	\$172,866

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

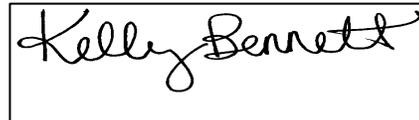
9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge N/A

Does the surcharge apply to conventional fire places? N/A

If yes, state surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Kelly Bennett

Printed Name

Regulatory Compliance Analyst II

Title

417-887-4990 ext. 2009

Telephone Number

kbennett@anpac.com

Email Address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each Company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name American National General Insurance Company

NAIC No. 39942 GROUP No. 408

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

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We use the Marshall & Swift/Boeckh RCT System. This program started in 2003. Before this change we used the Boeckh Insurance to Value System.

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We offer two options: Replacement Cost and Modified Replacement Cost. Replacement Cost is available if the market value is at least 80% of the replacement cost. Modified Replacement is used to insure the home for its current market value instead of replacement cost.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

We use the Marshall & Swift/Boeckh Residential Building Cost Insurance Index at each renewal. This procedure is discussed in General Rule XIX.

5. Specify the percentage given for credits or discounts for the following:

a. Fire Extinguisher	<u>0</u>	%
b. Burglar Alarm	<u>5</u>	%
c. Smoke Alarm	<u>0</u>	%
d. Insured who has both homeowners and auto with your company	<u>0</u>	%
e. Deadbolt Locks	<u>0</u>	%
f. Window or Door Locks	<u>0</u>	%
g. Other (Specify)	<u>0</u>	%
Burglar Alarm to Police Dept.	<u>10</u>	%
Fire Alarm to Fire Dept.	<u>10</u>	%

6. Are there any areas in the State of Arkansas in which your company will not write homeowners insurance?

Effective 5/15/2011, we will no longer accept new business homeowners policies in American National General Insurance Company. However, our agents will continue to offer new business homeowner policies through American National Property And Casualty Company.

American National General Insurance Company is a wholly owned subsidiary of American National Property And Casualty Company.

If so, state areas and explain reason for not writing Applies to the entire state. We would like to introduce a new homeowner product in American National General Insurance Company in the near future. By stopping the growth of our current book of business,

we will limit the number of renewal policyholders disrupted by the introduction of a new homeowner product in this company.

7. Specify the form(s) utilized in writing homeowner insurance. Indicate the Arkansas premium volume for each form.

FORM	PREMIUM VOLUME
SH-3	\$289,822
SH-4	\$6,139
SH-6	

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes

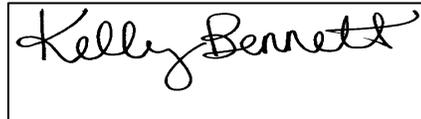
9. Is there a surcharge on risks with wood heat? No

If yes, state surcharge N/A

Does the surcharge apply to conventional fire places? N/A

If yes, state surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Kelly Bennett

Printed Name

Regulatory Compliance Analyst II

Title

417-887-4990 ext. 2009

Telephone Number

kbennett@anpac.com

Email Address

NAIC Number: 28401
 Company Name: American National Property And Casualty Company
 Contact Person: Kelly Bennett
 Telephone No.: 417-887-4990, ext 2009
 Email Address: kbennett@anpac.com
 Effective Date: 7/20/2011

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$481.00	\$578.00	\$483.00	\$580.00	\$613.00	\$736.00	\$812.00	\$975.00	\$618.00	\$742.00	\$590.00	\$709.00	\$587.00	\$705.00	\$574.00	\$690.00	\$660.00	\$793.00
	\$120,000	\$600.00	\$720.00	\$602.00	\$722.00	\$764.00	\$918.00	\$1,012.00	\$1,214.00	\$771.00	\$925.00	\$735.00	\$883.00	\$732.00	\$879.00	\$716.00	\$859.00	\$823.00	\$988.00
	\$160,000	\$730.00	\$876.00	\$732.00	\$879.00	\$930.00	\$1,117.00	\$1,231.00	\$1,478.00	\$938.00	\$1,126.00	\$895.00	\$1,075.00	\$891.00	\$1,069.00	\$871.00	\$1,046.00	\$1,002.00	\$1,202.00
6	\$80,000	\$582.00	\$685.00	\$584.00	\$687.00	\$742.00	\$873.00	\$981.00	\$1,155.00	\$748.00	\$880.00	\$714.00	\$840.00	\$710.00	\$835.00	\$694.00	\$817.00	\$798.00	\$939.00
	\$120,000	\$725.00	\$853.00	\$727.00	\$856.00	\$924.00	\$1,087.00	\$1,223.00	\$1,439.00	\$932.00	\$1,096.00	\$889.00	\$1,046.00	\$885.00	\$1,041.00	\$865.00	\$1,018.00	\$995.00	\$1,171.00
	\$160,000	\$882.00	\$1,038.00	\$885.00	\$1,042.00	\$1,125.00	\$1,324.00	\$1,488.00	\$1,751.00	\$1,134.00	\$1,334.00	\$1,082.00	\$1,273.00	\$1,077.00	\$1,267.00	\$1,053.00	\$1,239.00	\$1,211.00	\$1,425.00
9	\$80,000	\$1,126.00	\$1,200.00	\$1,130.00	\$1,203.00	\$1,435.00	\$1,529.00	\$1,899.00	\$2,023.00	\$1,447.00	\$1,541.00	\$1,381.00	\$1,471.00	\$1,374.00	\$1,464.00	\$1,344.00	\$1,432.00	\$1,545.00	\$1,646.00
	\$120,000	\$1,403.00	\$1,495.00	\$1,408.00	\$1,499.00	\$1,789.00	\$1,905.00	\$2,367.00	\$2,521.00	\$1,803.00	\$1,920.00	\$1,721.00	\$1,833.00	\$1,712.00	\$1,824.00	\$1,675.00	\$1,784.00	\$1,925.00	\$2,051.00
	\$160,000	\$1,708.00	\$1,819.00	\$1,713.00	\$1,825.00	\$2,177.00	\$2,319.00	\$2,881.00	\$3,068.00	\$2,194.00	\$2,337.00	\$2,094.00	\$2,231.00	\$2,084.00	\$2,220.00	\$2,038.00	\$2,171.00	\$2,343.00	\$2,496.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$92.00	\$92.00
	\$15,000	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$115.00	\$115.00
	\$25,000	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$151.00	\$151.00
6	\$5,000	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$74.00	\$92.00	\$92.00
	\$15,000	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$115.00	\$115.00
	\$25,000	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$122.00	\$151.00	\$151.00
9	\$5,000	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$110.00	\$136.00	\$136.00
	\$15,000	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$138.00	\$171.00	\$171.00
	\$25,000	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$182.00	\$225.00	\$225.00

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text" value="0"/> %	Deadbolt Lock	<input type="text" value="0"/> %
Burglar Alarm	<input type="text" value="5"/> %	Window Locks	<input type="text" value="0"/> %
Smoke Alarm	<input type="text" value="0"/> %	\$1,000 Deductible	<input type="text" value="Base"/> %
		Other (specify)	

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?
 (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE?
 %

Zone Brick Frame

NAIC Number: 39942
 Company Name: American National General Insurance Company
 Contact Person: Kelly Bennett
 Telephone No.: 417-887-4990, ext 2009
 Email Address: kbennett@anpac.com
 Effective Date: 7/20/2011

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$462.00	\$555.00	\$464.00	\$556.00	\$589.00	\$707.00	\$779.00	\$936.00	\$594.00	\$713.00	\$567.00	\$680.00	\$564.00	\$677.00	\$551.00	\$662.00	\$634.00	\$761.00
	\$120,000	\$576.00	\$691.00	\$578.00	\$693.00	\$734.00	\$881.00	\$971.00	\$1,166.00	\$740.00	\$888.00	\$706.00	\$848.00	\$703.00	\$843.00	\$687.00	\$825.00	\$790.00	\$948.00
	\$160,000	\$701.00	\$841.00	\$703.00	\$844.00	\$893.00	\$1,072.00	\$1,182.00	\$1,419.00	\$900.00	\$1,081.00	\$859.00	\$1,032.00	\$855.00	\$1,026.00	\$836.00	\$1,004.00	\$961.00	\$1,154.00
6	\$80,000	\$559.00	\$657.00	\$560.00	\$659.00	\$712.00	\$838.00	\$942.00	\$1,109.00	\$718.00	\$845.00	\$685.00	\$806.00	\$682.00	\$802.00	\$667.00	\$785.00	\$766.00	\$902.00
	\$120,000	\$696.00	\$819.00	\$698.00	\$822.00	\$887.00	\$1,044.00	\$1,174.00	\$1,381.00	\$894.00	\$1,052.00	\$854.00	\$1,004.00	\$849.00	\$999.00	\$831.00	\$978.00	\$955.00	\$1,124.00
	\$160,000	\$847.00	\$997.00	\$850.00	\$1,000.00	\$1,080.00	\$1,271.00	\$1,429.00	\$1,681.00	\$1,088.00	\$1,281.00	\$1,039.00	\$1,223.00	\$1,034.00	\$1,216.00	\$1,011.00	\$1,190.00	\$1,162.00	\$1,368.00
9	\$80,000	\$1,081.00	\$1,152.00	\$1,085.00	\$1,155.00	\$1,378.00	\$1,468.00	\$1,823.00	\$1,942.00	\$1,389.00	\$1,480.00	\$1,326.00	\$1,412.00	\$1,319.00	\$1,405.00	\$1,290.00	\$1,374.00	\$1,483.00	\$1,580.00
	\$120,000	\$1,347.00	\$1,435.00	\$1,351.00	\$1,439.00	\$1,717.00	\$1,829.00	\$2,272.00	\$2,420.00	\$1,731.00	\$1,844.00	\$1,652.00	\$1,760.00	\$1,644.00	\$1,751.00	\$1,608.00	\$1,713.00	\$1,848.00	\$1,969.00
	\$160,000	\$1,640.00	\$1,747.00	\$1,645.00	\$1,752.00	\$2,090.00	\$2,226.00	\$2,765.00	\$2,946.00	\$2,107.00	\$2,244.00	\$2,011.00	\$2,142.00	\$2,001.00	\$2,131.00	\$1,957.00	\$2,084.00	\$2,250.00	\$2,396.00

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$88.00	\$88.00
	\$15,000	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$110.00	\$110.00
	\$25,000	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$145.00	\$145.00
6	\$5,000	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$71.00	\$88.00	\$88.00
	\$15,000	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$110.00	\$110.00
	\$25,000	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$118.00	\$145.00	\$145.00
9	\$5,000	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$106.00	\$131.00	\$131.00
	\$15,000	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$133.00	\$164.00	\$164.00
	\$25,000	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$216.00	\$216.00

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	<input type="text" value="0"/> %	Deadbolt Lock	<input type="text" value="0"/> %
Burglar Alarm	<input type="text" value="5"/> %	Window Locks	<input type="text" value="0"/> %
Smoke Alarm	<input type="text" value="0"/> %	\$1,000 Deductible	<input type="text" value="Base"/> %
		Other (specify)	

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?
 (yes or no)

WHAT IS YOUR PERCENTAGE DEDUCTIBLE?
 %

Zone Brick Frame

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **03-H-G-11-0091**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	American National Property And Casualty Company	B.	408-28401

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	4.0 Homeowners	B.	4.0000 Homeowners Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
SH-3 & SH-7	76.5%	9.8%					
SH-4 & SH-6	-0.3%	0.0%					
TOTAL OVERALL EFFECT	75.4%	9.7%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	5139	N/A	N/A	3748	2511	67.0%	60.5%
2007	5124	0.0%	3/1/07	3731	1635	43.8%	55.4%
2008	5009	-3.0%	5/14/08	3893	11869	304.9%	102.2%
2009	4950	9.6%	6/24/09	3789	2643	69.8%	90.3%
2010	4876	6.0%	10/26/10	3964	4115	103.8%	99.2%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.7%
B. General Expense	0.9%
C. Taxes, License & Fees	2.9%
D. Underwriting Profit & Contingencies	13.9%
E. Other (explain) Reinsure Exp	1.9%
F. TOTAL	36.3%

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. 10.6 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 009

10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Multiple

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **03-H-G-11-0091**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	American National General Insurance Company	B.	408-39942

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	4.0 Homeowners	B.	4.0000 Homeowners Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
SH-3	76.5%	9.8%					
SH-4 & SH-6	-0.3%	0.0%					
TOTAL OVERALL EFFECT	75.4%	9.6%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	242	N/A	N/A	249	124	49.7%	94.9%
2007	183	29.0%	3/1/07	235	56	23.7%	43.1%
2008	189	-44.1%	5/14/08	179	299	166.4%	81.8%
2009	314	1.0%	6/24/09	167	97	58.0%	80.7%
2010	380	1.9%	10/26/10	250	69	27.8%	171.7%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.7%
B. General Expense	0.9%
C. Taxes, License & Fees	2.9%
D. Underwriting Profit & Contingencies	13.9%
E. Other (explain) Reinsure Exp	1.9%
F. TOTAL	36.3%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. 10.3 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 044
 10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Multiple

American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Actuarial Memorandum

The purpose of this filing is to implement changes to the Homeowners program as detailed in this memorandum and to address our rate inadequacy in the state. We are proposing to increase our overall rate level by 19.5% resulting in an annual revenue effect of \$963,669. This memorandum and accompanying exhibits describe the underlying data and ratemaking methodologies used to develop our overall indication of 75.4%. In an effort to address this substantial rate need and progress toward rate adequacy we are also proposing to remove the cap on renewal premiums that was introduced in our previous filing and which currently affects a small segment of our renewal book of business.

We have combined the experience for American National Property And Casualty Company and American National General Insurance Company. The Homeowners' programs in the two companies are similar with regards to underwriting and rating. Combining the data serves to increase the credibility of our experience.

Exhibit I – Rate Level Indications – The total statewide indication is shown on Page 1, and is calculated by combining the Dwelling Forms Indication and the Contents Forms Indication, using the latest year's Trended Earned Premium at Current Rate Level as weights. Page 2 displays the Dwelling Forms Indication, and Page 3 displays the Contents Forms Indication. For Dwelling Forms, a projected Non-Wind/Hail Non-Catastrophe Loss Ratio is found by premium-weighting each year's historical loss ratio into one combined prospective Loss Ratio. A Non-Wind/Hail Catastrophe Provision, based on regionally-estimated experience-based provision, is applied to Dwelling Forms to account for our Non-Wind/Hail related catastrophes. A projected Wind/Hail loss ratio was determined from Wind/Hail loss experience in Arkansas from 1994 to 2010. For Contents Forms the projected loss ratio in bullet (10) includes all losses. These loss ratios and provision are summed to come up with a total projected loss ratio, which is then loaded for LAE. The Projected Loss and LAE Ratio is credibility weighted using the Trended Permissible Loss Ratio as the complement to credibility, and then combined with Fixed and Variable Expense Ratios and a Profit Provision to determine an Indicated Rate Level Change. The fixed expense provision accounts for allocated reinsurance margins. Derivations of each individual component for each step are detailed in subsequent Exhibits.

Exhibit II – Premium Trend – This exhibit develops the premium trend factors by type used in Exhibit I. The Average Policy Amount Relativity (APAR) for each year are fitted to a curve and an annual change is selected. The Current Amount Factor (CAF) is calculated as an index of the average APAR at the midpoint of each experience period to the average APAR at 6/30/2010. The Trended Amount Factor (TAF) is calculated as the selected TAF annual change trended from 6/30/2010 to 8/2/2012. The premium trend factors are the product of the respective Current Amount Factor and the Trended Amount Factor.

Exhibit III – Loss Development Factors – The loss development factors used to adjust the accident year losses in Exhibit I to ultimate cost are derived in this exhibit. Countrywide non-catastrophe data excluding Texas is used.

Exhibit IV – Loss Trend – Page 1 of this exhibit displays our loss trend factors. The data supporting our loss trends is ISS Fast Track data and excludes catastrophes. Loss trend is the product of the Current Cost Factor (CCF) and the Trended Cost Factor (TCF).

American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Actuarial Memorandum

The CCF is calculated as the selected CCF annual change trended from the mid-point of each respective year to 6/30/2010 (a factor of 1.000 is used for 2010). The TCF is calculated by selecting an annual pure premium growth factor and trending it from 6/30/2010 to 8/2/2012. Pages 2-3 display the annual growth factors for various exponential fits for Arkansas.

Exhibit V – Non-Wind/Hail Catastrophic Provision – We are including a \$21.85 non-wind catastrophe provision, based on regional non-wind catastrophe pure premium. Due to the infrequent nature of non-wind/hail catastrophes, we have developed our catastrophe provision using 17 years of catastrophe experience for a group of states having similar exposure - Arkansas, Colorado, Kansas, Missouri, Nebraska, and Oklahoma. The catastrophe frequency and severity are calculated for each year from 1994 through 2010. The severities are developed to ultimate using the loss development factors displayed in Exhibit III, and are adjusted for inflation using the annual changes in the average policy amount limits for policies in the region. The historically trended catastrophe pure premium is the product of the average frequency and severity. This resulting pure premium is then prospectively trended. This procedure was not used for Contents forms.

Exhibit VI – Wind/Hail Partial Loss Ratio – This exhibit summarizes the calculation of our overall projected wind/hail loss ratio. Page 1 of the exhibit develops the trended Wind/Hail pure premium as the prospectively trended product of the average frequency and the historically trended ultimate average severity for the previous 17 years of Wind/Hail loss experience in Arkansas. To increase credibility, experience from ANPAC and ANGIC homeowners' and rental owners' forms was used. The severities were developed to ultimate using the loss development factors displayed in Exhibit III and historically trended using a 10.00% year to year growth factor. The prospective trend factor was calculated by trending the year-to-year historic growth factor from 6/30/2010 to 8/2/2012.

Exhibit VII – Loss Adjustment Expense Factors – This exhibit displays the data utilized to calculate the companywide loss adjustment expense factors used in Exhibit I. Companywide calendar year data is used since Arkansas's data is not fully credible.

Exhibit VIII – Expense and Profit Provision – This exhibit develops the latest three years' expenses. For each of the last three years, "Commission and Brokerage" and "Taxes, Licenses, and Fees" are shown as a percentage of Written Premium. "Other Acquisition" and "General Expense" entries are shown as a percentage of each year's Earned Premium. Three-year average and selected values are shown.

Exhibit IX – Estimated Effect of Investment Income and Average Federal Tax Rate – This exhibit develops the underwriting profit provision. This factor is based upon the estimated effect of investment earnings on unearned premium reserves and loss reserves. The risk free rate of return is used to prevent investment risk from influencing our indications. The tax rate shown was computed as described on Page 3 of this exhibit.

Exhibit X – Proposed Rating Relativities – Exhibit X displays our present and proposed relativities by form and by zone. The present and proposed base rates displayed are for frame construction with a

American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Actuarial Memorandum

protection class of 1. The base rates assume \$150,000 of coverage A and a \$1,000 base deductible for forms SH-3 and SH-7, and \$20,000 of coverage C and a \$1,000 base deductible for forms SH-4 and SH-6. Form SH-7 and Form SH-6 base rates were set by applying our current differential to the proposed Form SH-3 and Form SH-4 base rates, respectively. ANGIC base rates were selected by applying our current differential to the appropriate ANPAC base rates, as shown on pages 5-7. Base rate relativities by zone remained at their present values for all forms.

Exhibit XI – Rate Change History – This exhibit shows the previously approved rate changes for ANPAC and ANGIC homeowners' forms.

American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Rate Level Indications
All Forms

Form	2010 Trended Earned Premium at CRL	Credibility Weighted Loss and LAE Ratio	Indicated Rate Level Change
Dwelling Forms	4,933,007	113.9%	76.5%
Contents Forms	72,207	64.6%	-0.3%
All Forms	5,005,214	113.2%	75.4%

**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Dwelling Forms Rate Level Indication**

Year	Earned Premium (1)	Premium at Present Rate Level Factor (2)	Premium Trend (3)	Earned Premium at Current Rate Level Including Premium Trend (4) = (1) X (2) X (3)	Non-Wind/Hail Non-Catastrophe Loss (5)	Loss Development Factors (6)	Loss Cost Trend (7)	Projected Non-Wind/Hail Non-Catastrophe Loss (8) = (5) X (6) X (7)	Projected Non-Wind/Hail Non-Catastrophe Loss Ratio (9) = (8) / (4)
2006	3,699,681	1.1196	1.2056	4,993,751	1,490,560	1.0000	2.0944	3,121,871	62.5%
2007	3,746,893	1.1154	1.1412	4,769,380	962,729	1.0000	1.8214	1,753,511	36.8%
2008	3,766,278	1.1247	1.1036	4,674,746	1,499,237	1.0000	1.5833	2,373,793	50.8%
2009	3,875,342	1.1534	1.0718	4,790,547	1,083,103	1.0040	1.3770	1,497,404	31.3%
2010	4,090,017	1.1419	1.0562	4,933,007	3,110,057	1.0291	1.1975	3,832,670	77.7%
Total	19,178,211			24,161,431	8,145,685			12,579,249	52.1%
	(10.1) Projected Non-Wind/Hail Non-Catastrophe Loss Ratio				Total (8) / Total (4)			52.1%	
	(10.2) Projected Non-Wind/Hail Catastrophe Provision							2.1%	
	(10.3) Projected Wind/Hail Loss Ratio							54.5%	
	(11) Projected Loss Ratio				(10.1) + (10.2) + (10.3)			108.7%	
	(12) Projected Loss Adjustment Expense to Losses							16.8%	
	(13) Total Projected Loss and LAE Ratio				(11) X [1 + (12)]			127.0%	
	(14.1) Projected Fixed Expense Ratio							1.9%	
	(14.2) Projected Variable Expense Ratio							20.5%	
	(14.3) Profit Provision							13.9%	
	(15.1) Prospective Loss Trend (TCF)							9.0%	
	(15.2) Prospective Premium Trend (TAF)							2.6%	
	(16) Trended Permissible Loss Ratio				[1 - (14.1) - (14.2) - (14.3)] x [1 + (15.1)] / [1 + (15.2)]			67.6%	
	(17.1) Experience Period Earned Exposures							24,264	
	(17.2) Credibility of Experience Period				[(17.1) / 40,000] ^ (1 / 2)			77.9%	
	(18) Credibility Weighted Loss and LAE Ratio				(13) x (17.2) + (16) x [1 - (17.2)]			113.9%	
	(19) Indicated Rate Level Change				[(18) + (14.1)] / [1 - (14.2) - (14.3)] - 1			76.5%	

Notes: (2): PPR factors were developed and applied by zone. These are the implied statewide PPR factors
(3): From Exhibit II, Page 1
(6): From Exhibit III, Page 1
(7): From Exhibit IV, Page 1
(10.2): From Exhibit V, Page 1
(10.3): From Exhibit VI, Page 2
(12): From Exhibit VII, Page 1
(14.2): From Exhibit VIII, Page 1
(14.3): From Exhibit IX, Page 1
(15.1): From Exhibit IV, Page 2
(15.2): From Exhibit II, Page 1

**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Content Forms Rate Level Indication**

Year	Earned Premium (1)	Premium at Present Rate Level Factor (2)	Premium Trend (3)	Earned Premium at Current Rate Level Including Premium Trend (4) = (1) X (2) X (3)	Loss (5)	Loss Development Factors (6)	Loss Cost Trend (7)	Projected Loss (8) = (5) X (6) X (7)	Projected Loss Ratio (9) = (8) / (4)
2006	59,438	0.9433	1.0385	58,230	3,906	1.0000	2.2215	8,676	14.9%
2007	59,448	0.9443	1.0945	61,442	5,624	1.0000	1.9489	10,961	17.8%
2008	64,227	0.9540	1.0928	66,956	4,794	1.0000	1.7091	8,194	12.2%
2009	67,691	0.9653	1.0673	69,736	20,430	1.0050	1.4993	30,784	44.1%
2010	71,554	0.9703	1.0400	72,207	35,683	1.0125	1.3153	47,523	65.8%
Total	322,358			328,571	70,438			106,139	32.3%
	(10) Projected Loss Ratio				Total (8) / Total (4)			32.3%	
	(11) Projected Loss Adjustment Expense to Losses							16.8%	
	(12) Total Projected Loss and LAE Ratio				(10) X [1 + (11)]			37.7%	
	(13.1) Projected Fixed Expense Ratio							0.7%	
	(13.2) Projected Variable Expense Ratio							20.5%	
	(13.3) Profit Provision							13.9%	
	(14.1) Prospective Loss Trend (TCF)							14.0%	
	(14.2) Prospective Premium Trend (TAF)							1.9%	
	(15) Trended Permissible Loss Ratio				[1 - (13.1) - (13.2) - (13.3)] x [1 + (14.1)] / [1 + (14.2)]			72.5%	
	(16.1) Experience Period Earned Exposures							2,066	
	(16.2) Credibility of Experience Period				[(16.1) / 40,000] ^ (1 / 2)			22.7%	
	(17) Credibility Weighted Loss and LAE Ratio				(12) x (16.2) + (15) x [1 - (16.2)]			64.6%	
	(18) Indicated Rate Level Change				[(17) + (13.1)] / [1 - (13.2) - (13.3)] - 1			-0.3%	

Notes: (2): PPR factors were developed and applied by zone. These are the implied statewide PPR factors.
(3): From Exhibit II, Page 1
(6): From Exhibit III, Page 2
(7): From Exhibit IV, Page 1
(11): From Exhibit VII, Page 1
(13.2): From Exhibit VIII, Page 1
(13.3): From Exhibit IX, Page 1
(14.1): From Exhibit IV, Page 3
(14.2): From Exhibit II, Page 1

**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Premium Trend - APAR**

Dwelling Forms

Year	Earned Premium	Avg. AOI Relativity	5 Year Fit	4 Year Fit	3 Year Fit	Current Amount Factor	Trended Amount Factor	Premium Trend
			1.0793					
2006	4,113,267	1.1006	1.1152	1.1375		1.1415	1.0562	1.2056
2007	4,172,002	1.1628	1.1523	1.1676	1.1791	1.0804	1.0562	1.1412
2008	4,188,618	1.2023	1.1907	1.1986	1.2053	1.0449	1.0562	1.1036
2009	4,303,000	1.2380	1.2303	1.2303	1.2320	1.0147	1.0562	1.0718
2010	4,518,677	1.2563	1.2712	1.2629	1.2594	1.0000	1.0562	1.0562
		Growth Factor	3.33%	2.65%	2.22%			
		Dwelling Forms Selected TAF Factor	2.65%					

Contents Forms

Year	Earned Premium	Avg. AOI Relativity	5 Year Fit	4 Year Fit	3 Year Fit	Current Amount Factor	Trended Amount Factor	Premium Trend
			1.1206					
2006	65,252	1.1566	1.1226	1.0691		0.9986	1.0400	1.0385
2007	65,323	1.0975	1.1246	1.0893	1.0674	1.0524	1.0400	1.0945
2008	70,429	1.0992	1.1266	1.1099	1.0978	1.0507	1.0400	1.0928
2009	74,094	1.1255	1.1286	1.1309	1.1290	1.0262	1.0400	1.0673
2010	78,071	1.1550	1.1306	1.1523	1.1611	1.0000	1.0400	1.0400
		Growth Factor	0.18%	1.89%	2.84%			
		Contents Forms Selected TAF Factor	1.89%					

**American National Property And Casualty Company
American National General Insurance Company
Countrywide Data excluding Texas
Homeowners**

Forms SH-3 & SH-7

Incurred Losses - Direct

Accident Year	12 Months	24 Months	36 Months	48 Months	60 Months	72 Months	84 Months
1996		24,123,276	24,230,023	24,167,809	24,218,048	24,258,709	24,246,612
1997	21,762,158	23,312,333	23,412,690	23,534,691	23,319,224	23,570,123	23,731,966
1998	28,991,254	31,258,615	31,584,227	26,890,055	31,342,980	31,265,736	31,166,318
1999	31,140,854	34,216,706	34,460,657	34,078,190	33,645,696	33,880,774	33,799,482
2000	37,176,733	41,907,658	42,509,808	43,004,894	43,764,416	43,618,923	43,588,238
2001	47,577,301	51,582,495	52,311,253	52,610,775	52,691,291	52,617,950	52,538,853
2002	54,615,828	56,192,879	56,290,239	56,174,253	56,211,174	56,066,857	56,676,618
2003	57,579,860	60,402,607	61,021,306	61,042,253	60,900,595	60,878,246	61,112,175
2004	62,830,929	66,784,861	67,660,554	67,773,680	67,722,655	66,806,844	67,682,840
2005	61,769,067	64,054,841	65,305,031	65,459,639	65,472,928	65,500,788	
2006	67,259,097	67,446,784	67,864,285	67,768,610	68,025,641		
2007	73,442,056	75,900,755	75,510,037	74,881,306			
2008	81,590,581	83,263,085	83,890,236				
2009	86,890,656	89,260,364					
2010	100,906,746						

Loss Development Factors

Accident Year	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84
1996		1.0044	0.9974	1.0021	1.0017	0.9995
1997	1.0712	1.0043	1.0052	0.9908	1.0108	1.0069
1998	1.0782	1.0104	0.8514	1.1656	0.9975	0.9968
1999	1.0988	1.0071	0.9889	0.9873	1.0070	0.9976
2000	1.1273	1.0144	1.0116	1.0177	0.9967	0.9993
2001	1.0842	1.0141	1.0057	1.0015	0.9986	0.9985
2002	1.0289	1.0017	0.9979	1.0007	0.9974	1.0109
2003	1.0490	1.0102	1.0003	0.9977	0.9996	1.0038
2004	1.0629	1.0131	1.0017	0.9992	0.9865	1.0131
2005	1.0370	1.0195	1.0024	1.0002	1.0004	
2006	1.0028	1.0062	0.9986	1.0038		
2007	1.0335	0.9949	0.9917			
2008	1.0205	1.0075				
2009	1.0273					
Average	1.0555	1.0083	0.9877	1.0151	0.9996	1.0029
3-pt. Average	1.0271	1.0029	0.9976	1.0011	0.9955	1.0093
2-pt. Average	1.0239	1.0012	0.9952	1.0020	0.9935	1.0085
Selected	1.0250	1.0040	1.0000	1.0000	1.0000	1.0000
12 to Ultimate =		1.0291				
24 to Ultimate =		1.0040				
36 to Ultimate =		1.0000				
48 to Ultimate =		1.0000				
60 to Ultimate =		1.0000				

**American National Property And Casualty Company
American National General Insurance Company
Countrywide Data excluding Texas
Homeowners**

Forms SH-4 & SH-6

Incurred Losses - Direct

Accident Year	12 Months	24 Months	36 Months	48 Months	60 Months	72 Months	84 Months
1996		694,008	684,008	690,120	690,120	690,120	690,120
1997	884,647	895,350	929,329	930,690	903,941	910,483	908,067
1998	1,055,677	1,086,488	1,086,814	921,804	1,088,614	1,088,614	1,093,287
1999	1,002,275	1,026,919	1,011,855	1,010,555	1,008,593	1,008,593	1,008,593
2000	1,047,640	1,061,945	1,064,512	1,077,074	1,092,968	1,080,393	1,080,393
2001	1,468,365	1,586,508	1,580,685	1,590,142	1,590,578	1,590,415	1,590,208
2002	1,519,895	1,449,703	1,818,942	1,824,527	1,823,358	1,821,283	1,823,358
2003	1,517,497	1,303,595	1,317,953	1,315,314	1,326,647	1,407,647	1,347,995
2004	1,742,590	1,552,270	1,695,954	1,694,404	1,694,261	1,624,540	1,694,691
2005	1,578,478	1,458,037	1,430,194	1,431,569	1,421,620	1,421,620	
2006	1,970,901	2,132,376	2,113,087	2,081,231	2,083,882		
2007	2,154,529	2,167,370	2,218,982	2,199,482			
2008	1,914,187	1,797,191	1,773,048				
2009	1,909,775	2,036,798					
2010	3,623,658						

Loss Development Factors

Accident Year	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84
1996		0.9856	1.0089	1.0000	1.0000	1.0000
1997	1.0121	1.0380	1.0015	0.9713	1.0072	0.9973
1998	1.0292	1.0003	0.8482	1.1810	1.0000	1.0043
1999	1.0246	0.9853	0.9987	0.9981	1.0000	1.0000
2000	1.0137	1.0024	1.0118	1.0148	0.9885	1.0000
2001	1.0805	0.9963	1.0060	1.0003	0.9999	0.9999
2002	0.9538	1.2547	1.0031	0.9994	0.9989	1.0011
2003	0.8590	1.0110	0.9980	1.0086	1.0611	0.9576
2004	0.8908	1.0926	0.9991	0.9999	0.9588	1.0432
2005	0.9237	0.9809	1.0010	0.9931	1.0000	
2006	1.0819	0.9910	0.9849	1.0013		
2007	1.0060	1.0238	0.9912			
2008	0.9389	0.9866				
2009	1.0665					
Average	0.9908	1.0268	0.9877	1.0153	1.0014	1.0004
3-pt. Average	1.0038	1.0005	0.9924	0.9981	1.0066	1.0006
2-pt. Average	1.0027	1.0052	0.9881	0.9972	0.9794	1.0004
Selected	1.0075	1.0050	1.0000	1.0000	1.0000	1.0000
12 to Ultimate =		1.0125				
24 to Ultimate =		1.0050				
36 to Ultimate =		1.0000				
48 to Ultimate =		1.0000				
60 to Ultimate =		1.0000				

**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Loss Trends**

Dwelling Forms

<u>Year</u>	<u>Current Cost Factor</u>	<u>Trended Cost Factor</u>	<u>Loss Trend Factor</u>
2006	1.7490	1.1975	2.0944
2007	1.5210	1.1975	1.8214
2008	1.3222	1.1975	1.5833
2009	1.1499	1.1975	1.3770
2010	1.0000	1.1975	1.1975

Contents Forms

<u>Year</u>	<u>Current Cost Factor</u>	<u>Trended Cost Factor</u>	<u>Loss Trend Factor</u>
2006	1.6890	1.3153	2.2215
2007	1.4817	1.3153	1.9489
2008	1.2994	1.3153	1.7091
2009	1.1399	1.3153	1.4993
2010	1.0000	1.3153	1.3153

**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners/Rental Owners
Loss Trends**

ISS Fast Track - Arkansas Data

Dwellings Forms

<u>Year</u>	<u>Month</u>	<u>Frequency</u>	<u>% Change</u>	<u>Severity</u>	<u>% Change</u>	<u>Pure Prem</u>	<u>% Change</u>
2006	3	4.53		7,258		328.51	
2006	6	5.94		5,708		339.03	
2006	9	5.91		5,508		325.49	
2006	12	5.39		5,984		322.85	
2007	3	5.46	20.7%	6,087	-16.1%	332.61	1.2%
2007	6	5.22	-12.1%	6,284	10.1%	327.93	-3.3%
2007	9	5.05	-14.5%	6,617	20.1%	334.35	2.7%
2007	12	5.07	-6.1%	6,681	11.6%	338.49	4.8%
2008	3	5.10	-6.7%	6,720	10.4%	342.54	3.0%
2008	6	5.50	5.3%	6,882	9.5%	378.22	15.3%
2008	9	5.81	15.1%	6,987	5.6%	406.28	21.5%
2008	12	5.86	15.7%	7,480	12.0%	438.67	29.6%
2009	3	6.17	21.0%	7,611	13.3%	469.24	37.0%
2009	6	6.14	11.8%	7,999	16.2%	491.51	30.0%
2009	9	6.61	13.6%	8,243	18.0%	544.65	34.1%
2009	12	6.92	17.9%	7,962	6.4%	550.75	25.5%
2010	3	6.98	13.2%	8,003	5.2%	558.54	19.0%
2010	6	6.96	13.3%	8,238	3.0%	573.47	16.7%
2010	9	6.42	-2.9%	8,174	-0.8%	524.65	-3.7%
2010	12	6.30	-8.9%	8,189	2.8%	516.14	-6.3%

<u>Exponential Fit</u>	<u>Annual Percent Change</u>			<u>R²</u>		
	<u>Frequency</u>	<u>Severity</u>	<u>Pure Prem</u>	<u>Frequency</u>	<u>Severity</u>	<u>Pure Prem</u>
20-point	6.51%	8.11%	15.14%	0.6007	0.7890	0.8543
16-point	8.91%	8.85%	18.55%	0.7564	0.9207	0.8760
12-point	9.18%	7.81%	17.71%	0.6448	0.8196	0.7666
8-point	2.59%	3.02%	5.69%	0.0806	0.4664	0.2360
4-point	-14.34%	2.48%	-12.22%	0.8740	0.3878	0.6954

Selected for Dwelling CCF	15.0%
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Selected for Dwelling TCF	9.0%
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**American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners/Rental Owners
Loss Trends**

ISS Fast Track - Arkansas Data

Contents Forms

Year	Month	Frequency	% Change	Severity	% Change	Pure Prem	% Change
2006	3	2.63		4,385		115.53	
2006	6	2.35		4,483		105.30	
2006	9	2.34		3,792		88.78	
2006	12	2.32		4,124		95.86	
2007	3	2.22	-15.7%	3,897	-11.1%	86.53	-25.1%
2007	6	2.21	-5.9%	3,803	-15.2%	84.10	-20.1%
2007	9	2.42	3.2%	3,914	3.2%	94.60	6.6%
2007	12	2.53	9.0%	3,704	-10.2%	93.83	-2.1%
2008	3	2.56	15.3%	3,849	-1.2%	98.56	13.9%
2008	6	2.58	16.7%	3,981	4.7%	102.77	22.2%
2008	9	2.63	8.8%	3,947	0.9%	103.82	9.7%
2008	12	2.66	5.0%	4,190	13.1%	111.38	18.7%
2009	3	2.70	5.6%	4,184	8.7%	113.16	14.8%
2009	6	2.72	5.5%	3,976	-0.1%	108.25	5.3%
2009	9	2.69	2.2%	4,267	8.1%	114.68	10.5%
2009	12	2.67	0.5%	4,424	5.6%	118.20	6.1%
2010	3	2.74	1.2%	4,601	10.0%	125.94	11.3%
2010	6	2.81	3.3%	5,017	26.2%	141.16	30.4%
2010	9	2.81	4.5%	5,012	17.5%	140.70	22.7%
2010	12	2.72	1.9%	4,967	12.3%	135.27	14.4%

Exponential Fit	Annual Percent Change			R ²		
	Frequency	Severity	Pure Prem	Frequency	Severity	Pure Prem
20-point	4.18%	4.08%	8.43%	0.6533	0.3931	0.6153
16-point	5.53%	8.11%	14.09%	0.7859	0.8171	0.9342
12-point	2.84%	10.69%	13.83%	0.7510	0.8686	0.8840
8-point	1.74%	14.72%	16.72%	0.3142	0.8733	0.8196
4-point	-0.69%	9.56%	8.81%	0.0172	0.4964	0.2521

Selected for Contents CCF	14.0%
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Selected for Contents TCF	14.0%
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**American National Property And Casualty Company
American National General Insurance Company
Homeowners/Rental Owners
Arkansas, Colorado, Kansas, Missouri, Nebraska, and Oklahoma
Catastrophe Pure Premium**

Year	Frequency	Average Severity	Loss Development Factor	Ultimate Average Severity	Exposure Adjustment Factor	Exposure Trended Ultimate Average Severity
1994	0.0013	\$710	1.0000	\$710	3.0104	\$2,137
1995	0.0021	\$1,291	1.0000	\$1,291	2.9283	\$3,780
1996	0.0060	\$1,781	1.0000	\$1,781	2.5823	\$4,600
1997	0.0013	\$1,251	1.0000	\$1,251	2.4568	\$3,074
1998	0.0011	\$1,904	1.0000	\$1,904	2.3118	\$4,402
1999	0.0015	\$994	1.0000	\$994	2.1674	\$2,155
2000	0.0070	\$1,990	1.0000	\$1,990	1.9859	\$3,952
2001	0.0005	\$1,119	1.0000	\$1,119	1.8379	\$2,057
2002	0.0072	\$1,829	1.0000	\$1,829	1.7073	\$3,122
2003	0.0031	\$7,185	1.0000	\$7,185	1.5589	\$11,201
2004	0.0003	\$1,781	1.0000	\$1,781	1.4383	\$2,562
2005	0.0002	\$1,473	1.0000	\$1,473	1.3086	\$1,927
2006	0.0001	\$4,793	1.0000	\$4,793	1.1828	\$5,669
2007	0.0155	\$4,354	1.0000	\$4,354	1.1140	\$4,851
2008	0.0006	\$5,571	1.0000	\$5,571	1.0775	\$6,003
2009	0.0030	\$8,264	1.0040	\$8,297	1.0319	\$8,562
2010	0.0006	\$31,637	1.0291	\$32,558	1.0000	\$32,558
Average	0.0030					\$6,036
(1) Average Pure Premium						\$18.24
*(2) Prospective Severity Trend						9.00%
(3) Trended Average Pure Premium				(1) * [1 + (2)]^(764/365)		\$21.85
(4) 2010 Dwelling Earned Exposures						4,818
(5) 2010 Trended Earned Premium at Current Rate Level						\$4,933,007
(6) Projected Non-Wind/Hail Cat. Provision				(3) * (4) / (5)		2.1%

*with respect to ISS Fast Track Severity Trend

**American National Property and Casualty Company
American National General Insurance Company
Homeowners/Rental Owners
Arkansas
Wind/Hail Pure Premium**

<u>Year</u>	<u>Frequency</u>	<u>Average Severity</u>	<u>Loss Development Factor</u>	<u>Ultimate Average Severity</u>	<u>10.00% Exponential Severity Trend Factor</u>	<u>Historically Trended Ultimate Average Severity</u>
1994	0.0427	\$1,885	1.0000	\$1,885	4.5950	\$8,662
1995	0.0342	\$1,695	1.0000	\$1,695	4.1772	\$7,081
1996	0.0950	\$7,536	1.0000	\$7,536	3.7975	\$28,619
1997	0.0291	\$7,888	1.0000	\$7,888	3.4523	\$27,233
1998	0.0231	\$1,738	1.0000	\$1,738	3.1384	\$5,454
1999	0.0747	\$3,576	1.0000	\$3,576	2.8531	\$10,204
2000	0.0424	\$2,185	1.0000	\$2,185	2.5937	\$5,667
2001	0.0349	\$2,270	1.0000	\$2,270	2.3579	\$5,352
2002	0.0327	\$3,097	1.0000	\$3,097	2.1436	\$6,638
2003	0.0300	\$2,877	1.0000	\$2,877	1.9487	\$5,606
2004	0.0240	\$3,359	1.0000	\$3,359	1.7716	\$5,951
2005	0.0153	\$4,021	1.0000	\$4,021	1.6105	\$6,476
2006	0.0347	\$6,287	1.0000	\$6,287	1.4641	\$9,204
2007	0.0106	\$3,612	1.0000	\$3,612	1.3310	\$4,808
2008	0.2015	\$9,935	1.0000	\$9,935	1.2100	\$12,022
2009	0.0400	\$6,332	1.0040	\$6,357	1.1000	\$6,993
2010	0.0194	\$7,698	1.0291	\$7,922	1.0000	\$7,922
Average	0.0461					\$9,641
(1) Average Pure Premium						\$445
(2) Prospective Severity Trend						10.00%
(3) Trended Average Pure Premium				(1) * [1 + (2)]^(764/365)		\$543

**American National Property and Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Wind/Hail Loss Ratio**

<u>Year</u>	<u>Per Exposure Wind/Hail Loss Provision</u>	<u>Dwelling Exposures</u>	<u>Total Wind/Hail Loss Provision</u>	<u>Trended Earned Premium</u>	<u>Wind/Hail Loss Ratio</u>
2006	\$543	4,986	2,707,134	4,993,751	54.2%
2007	\$543	4,846	2,631,572	4,769,380	55.2%
2008	\$543	4,820	2,617,270	4,674,746	56.0%
2009	\$543	4,794	2,602,995	4,790,547	54.3%
2010	\$543	4,818	2,616,249	4,933,007	53.0%
			13,175,220	24,161,431	54.5%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Companywide Data
Loss Adjustment Expense Factor

Year (1)	Total Incurred Loss Adjustment Expense (2)	Incurred Losses (3)	Loss Adjustment Expense Factor (4) = (2) / (3) + 1
2006	23,051,950	114,285,655	1.202
2007	18,845,693	95,889,059	1.197
2008	29,139,198	196,056,721	1.149
2009	26,755,539	181,274,310	1.148
2010	26,755,539	181,274,310	1.148
Selected			1.168

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Expense and Profit Provision

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Average</u>	<u>Selected</u>
Commission and Brokerage (%WP)	12.3%	11.7%	11.9%	12.0%	12.0%
Taxes, Licenses, and Fees (%WP)	3.0%	2.9%	2.9%	2.9%	2.9%
Other Acquisition (%EP - Companywide)	4.1%	6.1%	4.1%	4.7%	4.7%
General Expense (%EP - Companywide)	0.7%	1.2%	1.0%	0.9%	0.9%
Variable Expense Ratio	20.1%	21.9%	19.8%	20.5%	20.5%
Underwriting Profit Ratio (Reflects Investment Income)					13.9%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Estimated Effect Of Investment Income
On Unearned Premium & Loss Reserves

A. Unearned Premium Reserve

1. Direct Earned Premium For Calendar Year Ended 12-31-10	3,729,213
2. Mean Unearned Premium Reserve	3,049,168
3. Deduction for Prepaid Expenses	
Commission and Brokerage Expense	12.0%
Taxes, Licenses, and Fees	2.9%
50% of Other Acquisition Expenses	2.4%
50% of Company Operating Expenses	0.5%
Total	17.7%
4. (Mean Unearned Premium Reserve) X (Total Prepaid Ded.)	539,703
5. Tax on Unearned Premium Reserve (Line 2 x .20 x .35)	213,442
6. Net Subject to Investment	2,296,024

B. Delayed Remissions of Premium (Agents' Balances)

1. Direct Earned Premium	3,729,213
2. Average Agents' Balances	0.1347
3. Delayed Premiums	502,221

C. Loss Reserve

1. Direct Earned Premium	3,729,213
2. Expected Incurred Losses And Loss Adjustment :	65.8% 2,454,399
3. Expected Mean Loss Reserves	597,514
4. Tax on Loss & LAE Reserves discount (Line 3 x (1 - Avg. Disc. Factor) x .35)	19,027
5. Adjusted Mean Loss Reserves	578,487

D. Net Subject to Investment

2,372,290

E. Risk Free Rate of Return

1.0%

F. Investment Earning on Net Subject to Investment

23,723

G. Average Rate of Return as a Percent of Direct Earned Premium

0.64%

H. Average Rate of Return as a Percent of Direct Earned Premium
After Federal Income Taxes (Corporate Tax Rate of 25.6%)

0.47%

I. After-Tax Underwriting Profit Provision Needed in Order to
Obtain After-Tax Target Operating Profit of:

9.5% 9.06%

J. Provision for Pre-Tax Underwriting Profit (Line I/0.65)

13.94%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Estimated Effect Of Investment Income
On Unearned Premium & Loss Reserves
Factor Calculations

I. Percent of Net Earned Premium to Direct Earned Premium

A) Companywide Homeowners Direct Premiums Earned 2010	245,367,000
B) Companywide Homeowners Net Premiums Earned 2010	219,485,000
C) (Net Premiums Earned) / (Direct Premiums Earned)	0.8945

II. Mean Unearned Premium Reserve Factor

A) Net Earned Premium For 2010	3,335,845
B) Net Unearned Premium Reserve December 31, 2009	2,667,475
C) Net Unearned Premium Reserve December 31, 2010	2,787,592
D) (Average Unearned Premium Reserve) / (Net Premiums Earned)	0.8176

III. Average Agents' Balances Factor

A) Companywide Homeowners Agents' Balances Dec. 31, 2009	27,829,000
B) Companywide Homeowners Agents' Balances Dec. 31, 2010	31,288,000
C) Net Earned Premium Percent Of Companywide	1.52%
D) Average Agents' Balances	449,245
E) Agents' Balances to Earned Premium	0.1347

IV. Expected Mean Loss Reserves Factor

A) Incurred Losses & LAE 2009	5,609,605
B) Incurred Losses & LAE 2010	3,374,537
C) Loss & LAE Reserves December 31, 2008	1,091,887
D) Loss & LAE Reserves December 31, 2009	1,132,748
E) Loss & LAE Reserves December 31, 2010	815,063
F) Mean Loss & LAE Reserve 2009	1,112,318
G) Mean Loss & LAE Reserve 2010	973,906
H) Ratio of 2009 Mean Loss & LAE Res. to 2009 Inc. Losses	0.1983
I) Ratio of 2010 Mean Loss & LAE Res. to 2010 Inc. Losses	0.2886
J) Average Loss & LAE Res. To Inc. Loss	0.2434

**American National Property and Casualty Company
Pacific Property And Casualty Company
American National General Insurance Company
American National Lloyds Insurance Company
ANPAC Louisiana Insurance Company
Average Federal Tax Rate on Investment Income**

	Investment Income*		Federal Income Tax Rate**	Investment Income*		Federal Income Tax Rate**	Investment Income*		Federal Income Tax Rate**
	2008	Distribution		2009	Distribution		2010	Distribution	
Bonds (Taxable)	\$32,413,728	0.592	0.350	\$28,855,391	0.586	0.350	\$27,972,160	0.585	0.350
Bonds (Tax Exempt) **	\$13,495,315	0.246	0.053	\$13,392,192	0.272	0.053	\$13,168,606	0.276	0.053
Stocks (Unaffiliated) ***	\$4,318,639	0.079	0.142	\$3,475,813	0.071	0.142	\$3,586,785	0.075	0.142
Other (Net of Depreciation)	\$4,544,062	0.083	0.350	\$3,479,295	0.071	0.350	\$3,047,927	0.064	0.350
Total	\$54,771,744	1.000	0.260	\$49,202,691	1.000	0.254	\$47,775,478	1.000	0.252
Weighted Federal Tax Rate on Investment Income For 2008 through 2010									0.256

*From Annual Statement Page 6, Part 1

**Tax rate on bonds (tax exempt) reflects 15% taxable at current rate

***Tax rate on stock dividends reflects credit for dividends received [(1.00 - .70) x .35] and 15% of 70% being taxable

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-3

Zone	Present All Peril Base Rate	Present All Peril Relativity	Proposed All Peril Base Rate	Proposed All Peril Relativity	All Peril Relativity Change	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	0.897	2135	0.897	0.0%	19.8%	205
002	1644	0.830	1975	0.830	0.0%	19.7%	147
003	2989	1.508	3590	1.508	0.0%	20.0%	19
004	2162	1.091	2597	1.091	0.0%	19.9%	34
005	2233	1.127	2682	1.127	0.0%	20.0%	21
006	2173	1.097	2610	1.097	0.0%	20.0%	16
007	2277	1.149	2735	1.149	0.0%	20.0%	10
008	2015	1.017	2420	1.017	0.0%	19.9%	223
009	2115	1.067	2540	1.067	0.0%	19.8%	1,101
010	2612	1.318	3137	1.318	0.0%	19.8%	9
012	2486	1.255	2986	1.255	0.0%	20.1%	126
017	1772	0.894	2128	0.894	0.0%	19.7%	1,317
024	2259	1.140	2713	1.140	0.0%	20.1%	56
026	2121	1.070	2547	1.070	0.0%	20.0%	151
033	2312	1.167	2777	1.167	0.0%	19.8%	380
037	1706	0.861	2049	0.861	0.0%	19.7%	238
038	1652	0.834	1984	0.834	0.0%	19.8%	38
039	2230	1.125	2678	1.125	0.0%	20.0%	9
040	1509	0.762	1812	0.761	0.0%	19.8%	19
041	2432	1.227	2921	1.227	0.0%	20.1%	67
042	2268	1.145	2724	1.145	0.0%	20.1%	39
043	2263	1.142	2718	1.142	0.0%	20.0%	9
044	2121	1.070	2547	1.070	0.0%	20.0%	93
Total	1981	1.000	2380	1.000	0.0%	19.8%	4,327

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-7

Zone	Present Form SH-3 All Peril Base Rate	Form SH-3 to Form SH-7 Differential	Present Form SH-7 All Peril Base Rate	Proposed Form SH-3 All Peril Base Rate	Form SH-3 to Form SH-7 Differential	Proposed Form SH-7 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	1.17	2080	2135	1.17	2498	20.4%	2
002	1644	1.17	1923	1975	1.17	2311	-	0
003	2989	1.17	3497	3590	1.17	4200	-	0
004	2162	1.17	2530	2597	1.17	3038	-	0
005	2233	1.17	2613	2682	1.17	3138	20.1%	2
006	2173	1.17	2542	2610	1.17	3054	20.2%	1
007	2277	1.17	2664	2735	1.17	3200	-	0
008	2015	1.17	2358	2420	1.17	2831	19.9%	6
009	2115	1.17	2475	2540	1.17	2972	20.0%	23
010	2612	1.17	3056	3137	1.17	3670	-	0
012	2486	1.17	2909	2986	1.17	3494	20.2%	14
017	1772	1.17	2073	2128	1.17	2490	20.1%	32
024	2259	1.17	2643	2713	1.17	3174	20.1%	7
026	2121	1.17	2482	2547	1.17	2980	20.0%	10
033	2312	1.17	2705	2777	1.17	3249	20.1%	7
037	1706	1.17	1996	2049	1.17	2397	20.0%	3
038	1652	1.17	1933	1984	1.17	2321	-	0
039	2230	1.17	2609	2678	1.17	3133	-	0
040	1509	1.17	1766	1812	1.17	2120	20.1%	1
041	2432	1.17	2845	2921	1.17	3418	20.1%	5
042	2268	1.17	2654	2724	1.17	3187	20.2%	3
043	2263	1.17	2648	2718	1.17	3180	19.9%	1
044	2121	1.17	2482	2547	1.17	2980	20.0%	3
Total	1981	1.17	2318	2380	1.17	2784	20.1%	120

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-4

Zone	Present All Peril Base Rate	Present All Peril Relativity	Proposed All Peril Base Rate	Proposed All Peril Relativity	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	0.985	153	0.985	0.0%	28
002	153	0.985	153	0.985	0.0%	10
003	153	0.985	153	0.985	0.0%	5
004	153	0.985	153	0.985	0.0%	3
005	153	0.985	153	0.985	0.0%	4
006	153	0.985	153	0.985	0.0%	1
007	153	0.985	153	0.985	0.0%	2
008	153	0.985	153	0.985	0.0%	18
009	153	0.985	153	0.985	0.0%	102
010	153	0.985	153	0.985	0.0%	1
012	189	1.216	189	1.216	0.0%	14
017	153	0.985	153	0.985	0.0%	129
024	153	0.985	153	0.985	0.0%	3
026	153	0.985	153	0.985	0.0%	4
033	153	0.985	153	0.985	0.0%	27
037	153	0.985	153	0.985	0.0%	27
038	153	0.985	153	0.985	0.0%	6
039	153	0.985	153	0.985	0.0%	1
040	153	0.985	153	0.985	-	0
041	189	1.216	189	1.216	0.0%	7
042	189	1.216	189	1.216	0.0%	2
043	189	1.216	189	1.216	-	0
044	153	0.985	153	0.985	0.0%	7
Total	155	1.000	155	1.000	0.0%	401

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-6

Zone	Present Form SH-4 All Peril Base Rate	Form SH-4 to Form SH-6 Differential	Present Form SH-6 All Peril Base Rate	Proposed Form SH-4 All Peril Base Rate	Form SH-4 to Form SH-6 Differential	Proposed Form SH-6 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	1.347	206	153	1.347	206	0.0%	1
002	153	1.347	206	153	1.347	206	0.0%	3
003	153	1.347	206	153	1.347	206	-	0
004	153	1.347	206	153	1.347	206	-	0
005	153	1.347	206	153	1.347	206	-	0
006	153	1.347	206	153	1.347	206	-	0
007	153	1.347	206	153	1.347	206	-	0
008	153	1.347	206	153	1.347	206	0.0%	9
009	153	1.347	206	153	1.347	206	-	0
010	153	1.347	206	153	1.347	206	-	0
012	189	1.347	255	189	1.347	255	0.0%	2
017	153	1.347	206	153	1.347	206	0.0%	7
024	153	1.347	206	153	1.347	206	0.0%	1
026	153	1.347	206	153	1.347	206	-	0
033	153	1.347	206	153	1.347	206	-	0
037	153	1.347	206	153	1.347	206	0.0%	1
038	153	1.347	206	153	1.347	206	-	0
039	153	1.347	206	153	1.347	206	-	0
040	153	1.347	206	153	1.347	206	0.0%	1
041	189	1.347	255	189	1.347	255	0.0%	1
042	189	1.347	255	189	1.347	255	-	0
043	189	1.347	255	189	1.347	255	-	0
044	153	1.347	206	153	1.347	206	-	0
Total	155	1.347	209	155	1.347	209	0.0%	26

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-3

Zone	Present ANPAC Form SH-3 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-3 All Peril Base Rate	Proposed ANPAC Form SH-3 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-3 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	0.96	1707	2135	0.96	2050	19.2%	6
002	1644	0.96	1578	1975	0.96	1896	19.9%	8
003	2989	0.96	2869	3590	0.96	3446	20.1%	2
004	2162	0.96	2076	2597	0.96	2493	-	0
005	2233	0.96	2144	2682	0.96	2575	-	0
006	2173	0.96	2086	2610	0.96	2506	19.9%	1
007	2277	0.96	2186	2735	0.96	2626	19.9%	1
008	2015	0.96	1934	2420	0.96	2323	19.6%	27
009	2115	0.96	2030	2540	0.96	2438	19.8%	33
010	2612	0.96	2508	3137	0.96	3012	20.1%	1
012	2486	0.96	2387	2986	0.96	2867	20.1%	8
017	1772	0.96	1701	2128	0.96	2043	19.7%	207
024	2259	0.96	2169	2713	0.96	2604	20.1%	1
026	2121	0.96	2036	2547	0.96	2445	19.8%	12
033	2312	0.96	2220	2777	0.96	2666	19.8%	11
037	1706	0.96	1638	2049	0.96	1967	19.2%	14
038	1652	0.96	1586	1984	0.96	1905	15.2%	1
039	2230	0.96	2141	2678	0.96	2571	20.1%	1
040	1509	0.96	1449	1812	0.96	1740	17.8%	1
041	2432	0.96	2335	2921	0.96	2804	19.9%	3
042	2268	0.96	2177	2724	0.96	2615	20.2%	1
043	2263	0.96	2172	2718	0.96	2609	-	0
044	2121	0.96	2036	2547	0.96	2445	20.1%	7
Total	1981	0.96	1902	2380	0.96	2285	19.7%	346

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-4

Zone	Present ANPAC Form SH-4 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-4 All Peril Base Rate	Proposed ANPAC Form SH-4 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-4 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	0.96	147	153	0.96	147	0.0%	2
002	153	0.96	147	153	0.96	147	-	0
003	153	0.96	147	153	0.96	147	-	0
004	153	0.96	147	153	0.96	147	-	0
005	153	0.96	147	153	0.96	147	-	0
006	153	0.96	147	153	0.96	147	-	0
007	153	0.96	147	153	0.96	147	-	0
008	153	0.96	147	153	0.96	147	0.0%	6
009	153	0.96	147	153	0.96	147	0.0%	6
010	153	0.96	147	153	0.96	147	-	0
012	189	0.96	181	189	0.96	181	0.0%	2
017	153	0.96	147	153	0.96	147	0.0%	22
024	153	0.96	147	153	0.96	147	-	0
026	153	0.96	147	153	0.96	147	-	0
033	153	0.96	147	153	0.96	147	0.0%	2
037	153	0.96	147	153	0.96	147	-	0
038	153	0.96	147	153	0.96	147	-	0
039	153	0.96	147	153	0.96	147	-	0
040	153	0.96	147	153	0.96	147	-	0
041	189	0.96	181	189	0.96	181	-	0
042	189	0.96	181	189	0.96	181	-	0
043	189	0.96	181	189	0.96	181	-	0
044	153	0.96	147	153	0.96	147	0.0%	2
Total	155	0.96	149	155	0.96	149	0.0%	42

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-6

Zone	Present ANPAC Form SH-6 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-6 All Peril Base Rate	Proposed ANPAC Form SH-6 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-6 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	206	0.96	198	206	0.96	198	-	0
002	206	0.96	198	206	0.96	198	-	0
003	206	0.96	198	206	0.96	198	-	0
004	206	0.96	198	206	0.96	198	-	0
005	206	0.96	198	206	0.96	198	-	0
006	206	0.96	198	206	0.96	198	-	0
007	206	0.96	198	206	0.96	198	-	0
008	206	0.96	198	206	0.96	198	-	0
009	206	0.96	198	206	0.96	198	-	0
010	206	0.96	198	206	0.96	198	-	0
012	255	0.96	244	255	0.96	244	-	0
017	206	0.96	198	206	0.96	198	-	0
024	206	0.96	198	206	0.96	198	-	0
026	206	0.96	198	206	0.96	198	-	0
033	206	0.96	198	206	0.96	198	-	0
037	206	0.96	198	206	0.96	198	-	0
038	206	0.96	198	206	0.96	198	-	0
039	206	0.96	198	206	0.96	198	-	0
040	206	0.96	198	206	0.96	198	-	0
041	255	0.96	244	255	0.96	244	-	0
042	255	0.96	244	255	0.96	244	-	0
043	255	0.96	244	255	0.96	244	-	0
044	206	0.96	198	206	0.96	198	-	0
Total	209	0.96	201	209	0.96	201	-	0

American National Property And Casualty Company
Homeowners
Arkansas

Rate Level History Percent Change

	Effective Date	SH-3	SH-7	SH-4	SH-6	TOTAL
Rate Review	10/26/2011	3.8%	1.6%	0.7%	0.0%	3.7%
Rate Review	10/26/2010	2.2%	3.4%	-0.6%	-0.2%	2.2%
Rate Review	6/24/2009	9.8%	8.5%	-2.5%	-4.3%	9.6%
Rate Review	5/14/2009	0.1%	0.0%	0.0%	0.0%	0.1%
Rate Review	5/14/2008	-2.9%	-7.3%	-0.8%	-0.6%	-3.1%
Rate Review	3/1/2008	0.4%	0.1%	0.0%	0.0%	0.4%
Rate Review	3/1/2007	-0.2%	-4.7%	-0.5%	-0.6%	-0.4%

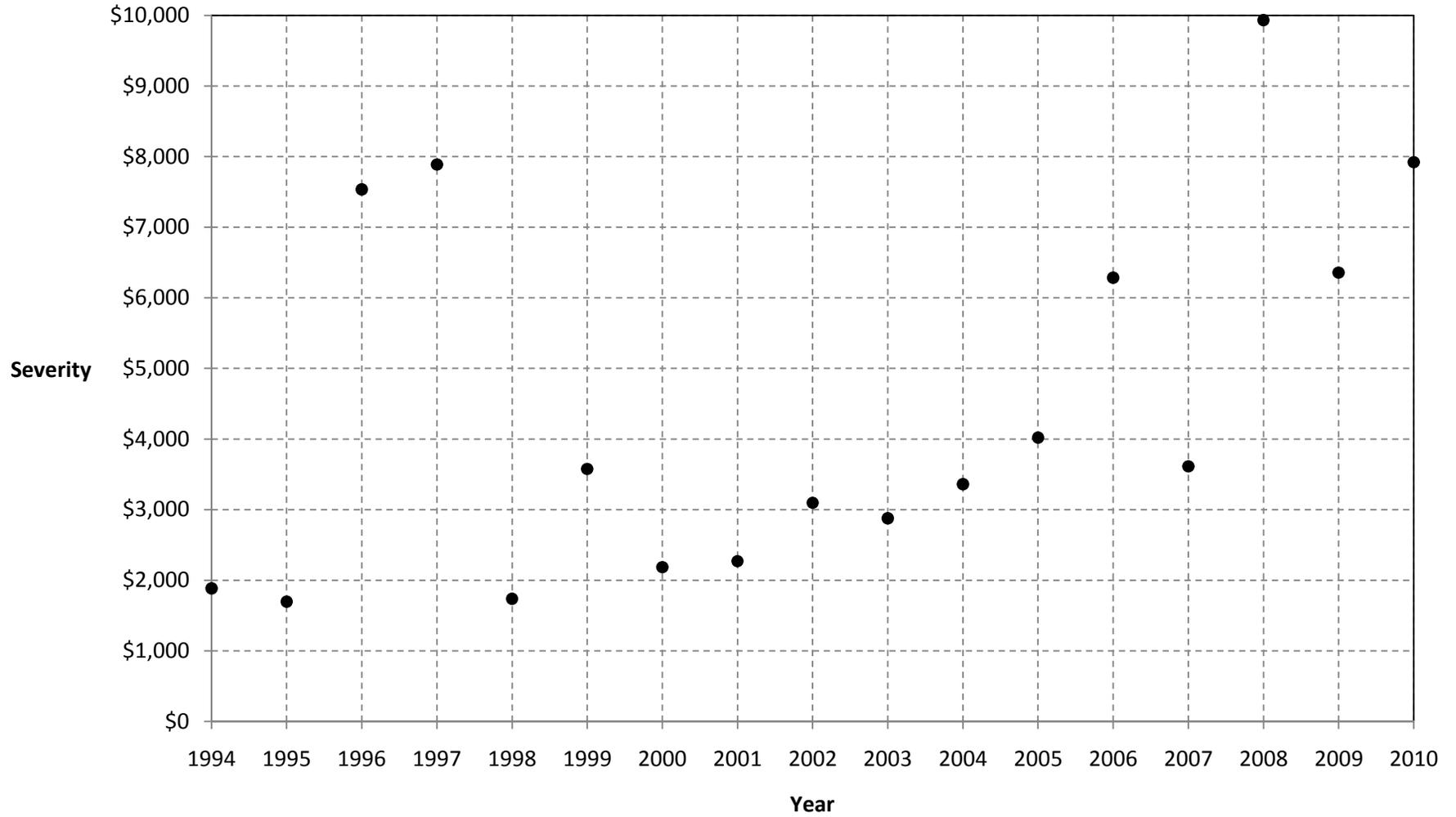
American National General Insurance Company
Homeowners
Arkansas
Rate Level History Percent Change

	Effective Date	SH-2	SH-3	SH-4	SH-6	TOTAL
Rate Review	10/26/2011	0.0%	1.5%	0.0%	0.0%	1.5%
Rate Review	10/26/2010	0.0%	0.6%	-8.0%	0.0%	0.4%
Rate Review	6/24/2009	0.0%	1.2%	-6.4%	0.0%	1.0%
Rate Review	5/14/2008	0.0%	-44.3%	-39.1%	0.0%	-44.1%
Rate Review	3/1/2008	8.6%	15.2%	14.9%	0.0%	11.8%
Rate Review	3/1/2007	14.1%	16.7%	20.0%	0.0%	15.4%

**American National Property and Casualty Company
American National General Insurance Company
Homeowners/Rental Owners
Arkansas
Wind/Hail Pure Premium**

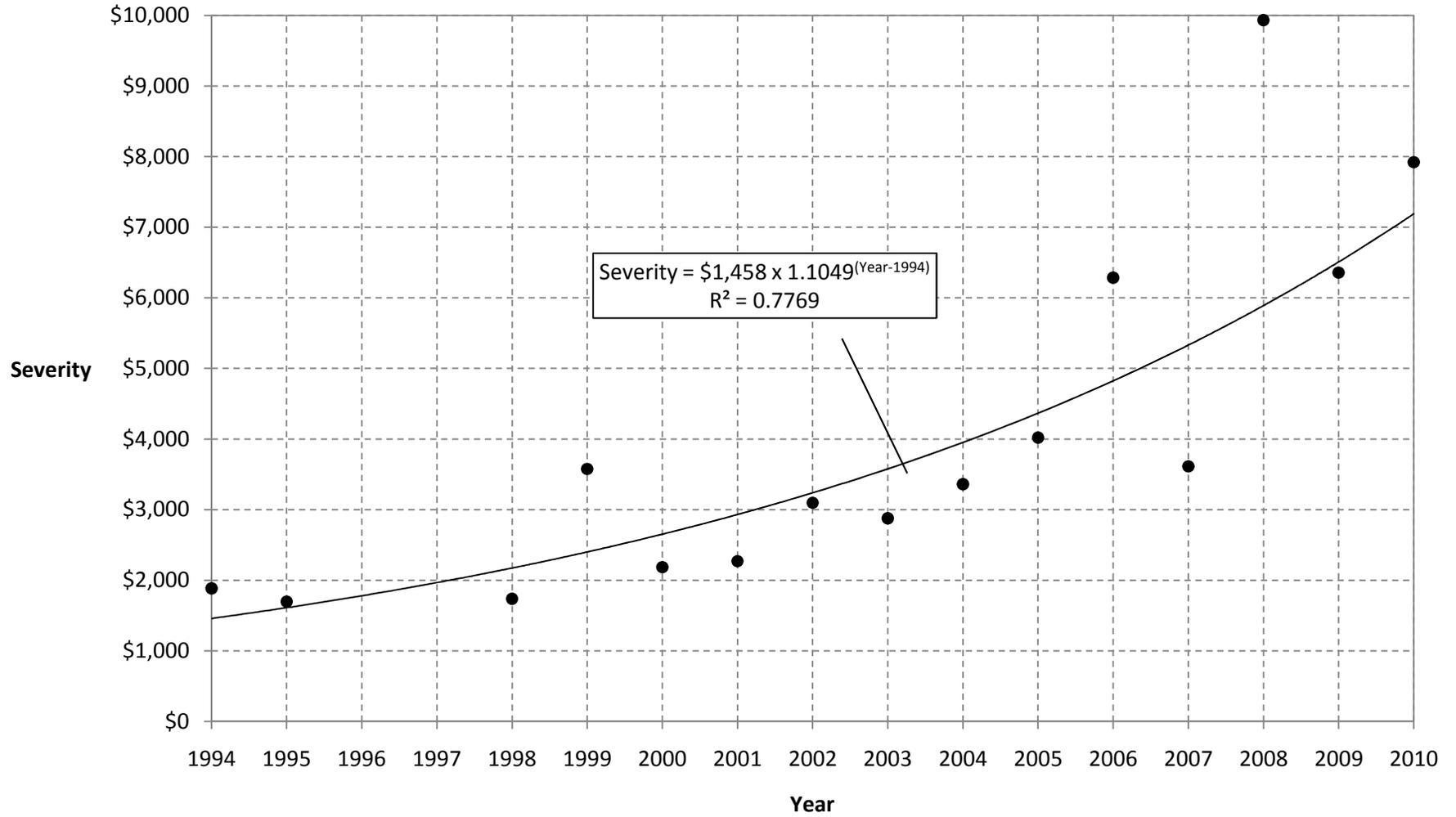
Year	Average Severity	Loss Development Factor	Ultimate Average Severity	Outlier	Outlier Adjusted Ultimate Average Severity
1994	\$1,885	1.0000	\$1,885		\$1,885
1995	\$1,695	1.0000	\$1,695		\$1,695
1996	\$7,536	1.0000	\$7,536	Y	
1997	\$7,888	1.0000	\$7,888	Y	
1998	\$1,738	1.0000	\$1,738		\$1,738
1999	\$3,576	1.0000	\$3,576		\$3,576
2000	\$2,185	1.0000	\$2,185		\$2,185
2001	\$2,270	1.0000	\$2,270		\$2,270
2002	\$3,097	1.0000	\$3,097		\$3,097
2003	\$2,877	1.0000	\$2,877		\$2,877
2004	\$3,359	1.0000	\$3,359		\$3,359
2005	\$4,021	1.0000	\$4,021		\$4,021
2006	\$6,287	1.0000	\$6,287		\$6,287
2007	\$3,612	1.0000	\$3,612		\$3,612
2008	\$9,935	1.0000	\$9,935		\$9,935
2009	\$6,332	1.0040	\$6,357		\$6,357
2010	\$7,698	1.0291	\$7,922		\$7,922

**American National Property and Casualty Company
American National General Insurance Company
Homeowners/Rental Owners
Arkansas
Raw Ultimate Average Wind/Hail Severity**



● Raw Ultimate Average Wind/Hail Severity

American National Property and Casualty Company
American National General Insurance Company
Homeowners/Rental Owners
Arkansas
Outlier Adjusted Ultimate Average Wind/Hail Severity



● Outlier Adjusted Ultimate Average Wind/Hail Severity — Expon. (Outlier Adjusted Ultimate Average Wind/Hail Severity)

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-3

Zone	Present All Peril Base Rate	Present All Peril Relativity	Proposed All Peril Base Rate	Proposed All Peril Relativity	All Peril Relativity Change	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	0.897	1955	0.897	0.0%	9.8%	205
002	1644	0.830	1808	0.830	0.0%	9.8%	147
003	2989	1.508	3287	1.508	0.0%	9.9%	19
004	2162	1.091	2378	1.091	0.0%	9.9%	34
005	2233	1.127	2456	1.127	0.0%	9.9%	21
006	2173	1.097	2390	1.097	0.0%	9.9%	16
007	2277	1.149	2504	1.149	0.0%	9.9%	10
008	2015	1.017	2216	1.017	0.0%	9.9%	223
009	2115	1.067	2326	1.067	0.0%	9.8%	1,101
010	2612	1.318	2872	1.318	0.0%	9.8%	9
012	2486	1.255	2734	1.255	0.0%	10.0%	126
017	1772	0.894	1949	0.894	0.0%	9.8%	1,317
024	2259	1.140	2484	1.140	0.0%	10.0%	56
026	2121	1.070	2332	1.070	0.0%	9.9%	151
033	2312	1.167	2542	1.167	0.0%	9.8%	380
037	1706	0.861	1876	0.861	0.0%	9.8%	238
038	1652	0.834	1817	0.834	0.0%	9.8%	38
039	2230	1.125	2452	1.125	0.0%	9.9%	9
040	1509	0.762	1659	0.761	0.0%	9.8%	19
041	2432	1.227	2674	1.227	0.0%	9.9%	67
042	2268	1.145	2494	1.145	0.0%	10.0%	39
043	2263	1.142	2489	1.142	0.0%	9.9%	9
044	2121	1.070	2332	1.070	0.0%	9.9%	93
Total	1981	1.000	2179	1.000	0.0%	9.8%	4,327

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-7

Zone	Present Form SH-3 All Peril Base Rate	Form SH-3 to Form SH-7 Differential	Present Form SH-7 All Peril Base Rate	Proposed Form SH-3 All Peril Base Rate	Form SH-3 to Form SH-7 Differential	Proposed Form SH-7 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	1.17	2080	1955	1.17	2287	10.1%	2
002	1644	1.17	1923	1808	1.17	2115	-	0
003	2989	1.17	3497	3287	1.17	3846	-	0
004	2162	1.17	2530	2378	1.17	2782	-	0
005	2233	1.17	2613	2456	1.17	2874	10.0%	2
006	2173	1.17	2542	2390	1.17	2796	10.0%	1
007	2277	1.17	2664	2504	1.17	2930	-	0
008	2015	1.17	2358	2216	1.17	2593	9.9%	6
009	2115	1.17	2475	2326	1.17	2721	9.9%	23
010	2612	1.17	3056	2872	1.17	3360	-	0
012	2486	1.17	2909	2734	1.17	3199	10.0%	14
017	1772	1.17	2073	1949	1.17	2280	10.0%	32
024	2259	1.17	2643	2484	1.17	2906	10.0%	7
026	2121	1.17	2482	2332	1.17	2728	9.9%	10
033	2312	1.17	2705	2542	1.17	2974	9.9%	7
037	1706	1.17	1996	1876	1.17	2195	9.9%	3
038	1652	1.17	1933	1817	1.17	2126	-	0
039	2230	1.17	2609	2452	1.17	2869	-	0
040	1509	1.17	1766	1659	1.17	1941	9.9%	1
041	2432	1.17	2845	2674	1.17	3129	10.0%	5
042	2268	1.17	2654	2494	1.17	2918	10.0%	3
043	2263	1.17	2648	2489	1.17	2912	9.9%	1
044	2121	1.17	2482	2332	1.17	2728	9.9%	3
Total	1981	1.17	2318	2179	1.17	2549	10.0%	120

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-4

Zone	Present All Peril Base Rate	Present All Peril Relativity	Proposed All Peril Base Rate	Proposed All Peril Relativity	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	0.985	153	0.985	0.0%	28
002	153	0.985	153	0.985	0.0%	10
003	153	0.985	153	0.985	0.0%	5
004	153	0.985	153	0.985	0.0%	3
005	153	0.985	153	0.985	0.0%	4
006	153	0.985	153	0.985	0.0%	1
007	153	0.985	153	0.985	0.0%	2
008	153	0.985	153	0.985	0.0%	18
009	153	0.985	153	0.985	0.0%	102
010	153	0.985	153	0.985	0.0%	1
012	189	1.216	189	1.216	0.0%	14
017	153	0.985	153	0.985	0.0%	129
024	153	0.985	153	0.985	0.0%	3
026	153	0.985	153	0.985	0.0%	4
033	153	0.985	153	0.985	0.0%	27
037	153	0.985	153	0.985	0.0%	27
038	153	0.985	153	0.985	0.0%	6
039	153	0.985	153	0.985	0.0%	1
040	153	0.985	153	0.985	-	0
041	189	1.216	189	1.216	0.0%	7
042	189	1.216	189	1.216	0.0%	2
043	189	1.216	189	1.216	-	0
044	153	0.985	153	0.985	0.0%	7
Total	155	1.000	155	1.000	0.0%	401

American National Property And Casualty Company
Homeowners
Arkansas
Base Rates - Form SH-6

Zone	Present Form SH-4 All Peril Base Rate	Form SH-4 to Form SH-6 Differential	Present Form SH-6 All Peril Base Rate	Proposed Form SH-4 All Peril Base Rate	Form SH-4 to Form SH-6 Differential	Proposed Form SH-6 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	1.347	206	153	1.347	206	0.0%	1
002	153	1.347	206	153	1.347	206	0.0%	3
003	153	1.347	206	153	1.347	206	-	0
004	153	1.347	206	153	1.347	206	-	0
005	153	1.347	206	153	1.347	206	-	0
006	153	1.347	206	153	1.347	206	-	0
007	153	1.347	206	153	1.347	206	-	0
008	153	1.347	206	153	1.347	206	0.0%	9
009	153	1.347	206	153	1.347	206	-	0
010	153	1.347	206	153	1.347	206	-	0
012	189	1.347	255	189	1.347	255	0.0%	2
017	153	1.347	206	153	1.347	206	0.0%	7
024	153	1.347	206	153	1.347	206	0.0%	1
026	153	1.347	206	153	1.347	206	-	0
033	153	1.347	206	153	1.347	206	-	0
037	153	1.347	206	153	1.347	206	0.0%	1
038	153	1.347	206	153	1.347	206	-	0
039	153	1.347	206	153	1.347	206	-	0
040	153	1.347	206	153	1.347	206	0.0%	1
041	189	1.347	255	189	1.347	255	0.0%	1
042	189	1.347	255	189	1.347	255	-	0
043	189	1.347	255	189	1.347	255	-	0
044	153	1.347	206	153	1.347	206	-	0
Total	155	1.347	209	155	1.347	209	0.0%	26

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-3

Zone	Present ANPAC Form SH-3 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-3 All Peril Base Rate	Proposed ANPAC Form SH-3 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-3 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	1778	0.96	1707	1955	0.96	1877	9.5%	6
002	1644	0.96	1578	1808	0.96	1736	9.9%	8
003	2989	0.96	2869	3287	0.96	3156	10.0%	2
004	2162	0.96	2076	2378	0.96	2283	-	0
005	2233	0.96	2144	2456	0.96	2358	-	0
006	2173	0.96	2086	2390	0.96	2294	10.0%	1
007	2277	0.96	2186	2504	0.96	2404	9.8%	1
008	2015	0.96	1934	2216	0.96	2127	9.7%	27
009	2115	0.96	2030	2326	0.96	2233	9.9%	33
010	2612	0.96	2508	2872	0.96	2757	10.0%	1
012	2486	0.96	2387	2734	0.96	2625	10.0%	8
017	1772	0.96	1701	1949	0.96	1871	9.8%	207
024	2259	0.96	2169	2484	0.96	2385	10.0%	1
026	2121	0.96	2036	2332	0.96	2239	9.9%	12
033	2312	0.96	2220	2542	0.96	2440	9.8%	11
037	1706	0.96	1638	1876	0.96	1801	9.5%	14
038	1652	0.96	1586	1817	0.96	1744	7.6%	1
039	2230	0.96	2141	2452	0.96	2354	10.1%	1
040	1509	0.96	1449	1659	0.96	1593	8.8%	1
041	2432	0.96	2335	2674	0.96	2567	9.8%	3
042	2268	0.96	2177	2494	0.96	2394	10.1%	1
043	2263	0.96	2172	2489	0.96	2389	-	0
044	2121	0.96	2036	2332	0.96	2239	10.0%	7
Total	1981	0.96	1902	2179	0.96	2092	9.8%	346

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-4

Zone	Present ANPAC Form SH-4 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-4 All Peril Base Rate	Proposed ANPAC Form SH-4 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-4 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	153	0.96	147	153	0.96	147	0.0%	2
002	153	0.96	147	153	0.96	147	-	0
003	153	0.96	147	153	0.96	147	-	0
004	153	0.96	147	153	0.96	147	-	0
005	153	0.96	147	153	0.96	147	-	0
006	153	0.96	147	153	0.96	147	-	0
007	153	0.96	147	153	0.96	147	-	0
008	153	0.96	147	153	0.96	147	0.0%	6
009	153	0.96	147	153	0.96	147	0.0%	6
010	153	0.96	147	153	0.96	147	-	0
012	189	0.96	181	189	0.96	181	0.0%	2
017	153	0.96	147	153	0.96	147	0.0%	22
024	153	0.96	147	153	0.96	147	-	0
026	153	0.96	147	153	0.96	147	-	0
033	153	0.96	147	153	0.96	147	0.0%	2
037	153	0.96	147	153	0.96	147	-	0
038	153	0.96	147	153	0.96	147	-	0
039	153	0.96	147	153	0.96	147	-	0
040	153	0.96	147	153	0.96	147	-	0
041	189	0.96	181	189	0.96	181	-	0
042	189	0.96	181	189	0.96	181	-	0
043	189	0.96	181	189	0.96	181	-	0
044	153	0.96	147	153	0.96	147	0.0%	2
Total	155	0.96	149	155	0.96	149	0.0%	42

American National General Insurance Company
Homeowners
Arkansas
Base Rates - Form SH-6

Zone	Present ANPAC Form SH-6 All Peril Base Rate	Present ANPAC to ANGIC Differential	Present ANGIC Form SH-6 All Peril Base Rate	Proposed ANPAC Form SH-6 All Peril Base Rate	Proposed ANPAC to ANGIC Differential	Proposed ANGIC Form SH-6 All Peril Base Rate	Overall Premium Change, No EQ, No SPP	Policy Count
001	206	0.96	198	206	0.96	198	-	0
002	206	0.96	198	206	0.96	198	-	0
003	206	0.96	198	206	0.96	198	-	0
004	206	0.96	198	206	0.96	198	-	0
005	206	0.96	198	206	0.96	198	-	0
006	206	0.96	198	206	0.96	198	-	0
007	206	0.96	198	206	0.96	198	-	0
008	206	0.96	198	206	0.96	198	-	0
009	206	0.96	198	206	0.96	198	-	0
010	206	0.96	198	206	0.96	198	-	0
012	255	0.96	244	255	0.96	244	-	0
017	206	0.96	198	206	0.96	198	-	0
024	206	0.96	198	206	0.96	198	-	0
026	206	0.96	198	206	0.96	198	-	0
033	206	0.96	198	206	0.96	198	-	0
037	206	0.96	198	206	0.96	198	-	0
038	206	0.96	198	206	0.96	198	-	0
039	206	0.96	198	206	0.96	198	-	0
040	206	0.96	198	206	0.96	198	-	0
041	255	0.96	244	255	0.96	244	-	0
042	255	0.96	244	255	0.96	244	-	0
043	255	0.96	244	255	0.96	244	-	0
044	206	0.96	198	206	0.96	198	-	0
Total	209	0.96	201	209	0.96	201	-	0

SERFF Tracking Number: ANPC-127106924 State: Arkansas

First Filing Company: American National General Insurance Company, State Tracking Number:
 ...

Company Tracking Number: 03-H-G-11-0091

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: AR ANPAC/ANG Home Rate/414973

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/29/2011	Rate and Rule	ANG Rate Pages	05/23/2011	AR ANG HR-1.001 to 1.009 (4-11).pdf (Superseded)
03/31/2011	Supporting Document	NAIC loss cost data entry document	05/23/2011	RF-1 (HO).pdf (Superseded) RF-1 (GHO).pdf (Superseded)
04/29/2011	Rate and Rule	ANPAC Rate Pages	05/23/2011	AR ANP HR-1.001 to 1.014 (4-11).pdf (Superseded)

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL Frame

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02050	02050	02050	02119	02119	02429	02853	03413	04255	05725
002	01896	01896	01896	01960	01960	02247	02639	03157	03936	05296
003	03446	03446	03446	03564	03564	04084	04797	05738	07155	09626
004	02493	02493	02493	02578	02578	02954	03470	04151	05176	06963
005	02575	02575	02575	02662	02662	03051	03584	04287	05345	07191
006	02506	02506	02506	02591	02591	02969	03488	04172	05202	06998
007	02626	02626	02626	02715	02715	03111	03655	04372	05451	07333
008	02323	02323	02323	02402	02402	02753	03234	03868	04823	06489
009	02438	02438	02438	02521	02521	02890	03394	04060	05062	06810
010	03012	03012	03012	03114	03114	03569	04192	05014	06252	08411
012	02867	02867	02867	02964	02964	03397	03990	04773	05951	08006
017	02043	02043	02043	02112	02112	02421	02844	03401	04241	05706
024	02604	02604	02604	02693	02693	03086	03625	04336	05407	07274
026	02445	02445	02445	02528	02528	02897	03404	04071	05076	06829
033	02666	02666	02666	02757	02757	03159	03711	04439	05534	07446
037	01967	01967	01967	02034	02034	02331	02738	03275	04084	05494
038	01905	01905	01905	01969	01969	02257	02651	03171	03954	05320
039	02571	02571	02571	02658	02658	03046	03579	04281	05337	07180
040	01740	01740	01740	01799	01799	02061	02421	02896	03611	04858
041	02804	02804	02804	02900	02900	03323	03903	04669	05821	07832
042	02615	02615	02615	02704	02704	03099	03640	04354	05429	07304
043	02609	02609	02609	02698	02698	03092	03632	04344	05417	07288
044	02445	02445	02445	02528	02528	02897	03404	04071	05076	06829

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Veneer

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01707	01707	01707	01820	01820	02064	02716	02990	03995	05151
002	01579	01579	01579	01684	01684	01909	02512	02766	03695	04765
003	02871	02871	02871	03060	03060	03471	04566	05028	06717	08661
004	02077	02077	02077	02214	02214	02511	03303	03637	04859	06265
005	02145	02145	02145	02286	02286	02593	03412	03757	05018	06470
006	02087	02087	02087	02225	02225	02523	03320	03656	04883	06297
007	02187	02187	02187	02332	02332	02644	03479	03831	05117	06598
008	01935	01935	01935	02063	02063	02339	03078	03390	04528	05838
009	02031	02031	02031	02165	02165	02455	03231	03558	04752	06128
010	02509	02509	02509	02674	02674	03033	03990	04394	05869	07568
012	02388	02388	02388	02546	02546	02887	03798	04182	05587	07204
017	01702	01702	01702	01814	01814	02057	02707	02981	03982	05134
024	02170	02170	02170	02313	02313	02623	03451	03800	05076	06545
026	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145
033	02221	02221	02221	02367	02367	02685	03532	03890	05196	06699
037	01639	01639	01639	01747	01747	01981	02606	02870	03834	04943
038	01587	01587	01587	01691	01691	01918	02524	02779	03712	04786
039	02142	02142	02142	02283	02283	02589	03406	03751	05011	06461
040	01449	01449	01449	01545	01545	01752	02305	02538	03390	04371
041	02336	02336	02336	02490	02490	02824	03716	04091	05465	07047
042	02178	02178	02178	02322	02322	02633	03465	03815	05097	06572
043	02174	02174	02174	02317	02317	02628	03457	03807	05085	06557
044	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Brick

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01707	01707	01707	01820	01820	02064	02716	02990	03995	05151
002	01579	01579	01579	01684	01684	01909	02512	02766	03695	04765
003	02871	02871	02871	03060	03060	03471	04566	05028	06717	08661
004	02077	02077	02077	02214	02214	02511	03303	03637	04859	06265
005	02145	02145	02145	02286	02286	02593	03412	03757	05018	06470
006	02087	02087	02087	02225	02225	02523	03320	03656	04883	06297
007	02187	02187	02187	02332	02332	02644	03479	03831	05117	06598
008	01935	01935	01935	02063	02063	02339	03078	03390	04528	05838
009	02031	02031	02031	02165	02165	02455	03231	03558	04752	06128
010	02509	02509	02509	02674	02674	03033	03990	04394	05869	07568
012	02388	02388	02388	02546	02546	02887	03798	04182	05587	07204
017	01702	01702	01702	01814	01814	02057	02707	02981	03982	05134
024	02170	02170	02170	02313	02313	02623	03451	03800	05076	06545
026	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145
033	02221	02221	02221	02367	02367	02685	03532	03890	05196	06699
037	01639	01639	01639	01747	01747	01981	02606	02870	03834	04943
038	01587	01587	01587	01691	01691	01918	02524	02779	03712	04786
039	02142	02142	02142	02283	02283	02589	03406	03751	05011	06461
040	01449	01449	01449	01545	01545	01752	02305	02538	03390	04371
041	02336	02336	02336	02490	02490	02824	03716	04091	05465	07047
042	02178	02178	02178	02322	02322	02633	03465	03815	05097	06572
043	02174	02174	02174	02317	02317	02628	03457	03807	05085	06557
044	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Siding

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02050	02050	02050	02119	02119	02429	02853	03413	04255	05725
002	01896	01896	01896	01960	01960	02247	02639	03157	03936	05296
003	03446	03446	03446	03564	03564	04084	04797	05738	07155	09626
004	02493	02493	02493	02578	02578	02954	03470	04151	05176	06963
005	02575	02575	02575	02662	02662	03051	03584	04287	05345	07191
006	02506	02506	02506	02591	02591	02969	03488	04172	05202	06998
007	02626	02626	02626	02715	02715	03111	03655	04372	05451	07333
008	02323	02323	02323	02402	02402	02753	03234	03868	04823	06489
009	02438	02438	02438	02521	02521	02890	03394	04060	05062	06810
010	03012	03012	03012	03114	03114	03569	04192	05014	06252	08411
012	02867	02867	02867	02964	02964	03397	03990	04773	05951	08006
017	02043	02043	02043	02112	02112	02421	02844	03401	04241	05706
024	02604	02604	02604	02693	02693	03086	03625	04336	05407	07274
026	02445	02445	02445	02528	02528	02897	03404	04071	05076	06829
033	02666	02666	02666	02757	02757	03159	03711	04439	05534	07446
037	01967	01967	01967	02034	02034	02331	02738	03275	04084	05494
038	01905	01905	01905	01969	01969	02257	02651	03171	03954	05320
039	02571	02571	02571	02658	02658	03046	03579	04281	05337	07180
040	01740	01740	01740	01799	01799	02061	02421	02896	03611	04858
041	02804	02804	02804	02900	02900	03323	03903	04669	05821	07832
042	02615	02615	02615	02704	02704	03099	03640	04354	05429	07304
043	02609	02609	02609	02698	02698	03092	03632	04344	05417	07288
044	02445	02445	02445	02528	02528	02897	03404	04071	05076	06829

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Fire Resistive

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01707	01707	01707	01820	01820	02064	02716	02990	03995	05151
002	01579	01579	01579	01684	01684	01909	02512	02766	03695	04765
003	02871	02871	02871	03060	03060	03471	04566	05028	06717	08661
004	02077	02077	02077	02214	02214	02511	03303	03637	04859	06265
005	02145	02145	02145	02286	02286	02593	03412	03757	05018	06470
006	02087	02087	02087	02225	02225	02523	03320	03656	04883	06297
007	02187	02187	02187	02332	02332	02644	03479	03831	05117	06598
008	01935	01935	01935	02063	02063	02339	03078	03390	04528	05838
009	02031	02031	02031	02165	02165	02455	03231	03558	04752	06128
010	02509	02509	02509	02674	02674	03033	03990	04394	05869	07568
012	02388	02388	02388	02546	02546	02887	03798	04182	05587	07204
017	01702	01702	01702	01814	01814	02057	02707	02981	03982	05134
024	02170	02170	02170	02313	02313	02623	03451	03800	05076	06545
026	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145
033	02221	02221	02221	02367	02367	02685	03532	03890	05196	06699
037	01639	01639	01639	01747	01747	01981	02606	02870	03834	04943
038	01587	01587	01587	01691	01691	01918	02524	02779	03712	04786
039	02142	02142	02142	02283	02283	02589	03406	03751	05011	06461
040	01449	01449	01449	01545	01545	01752	02305	02538	03390	04371
041	02336	02336	02336	02490	02490	02824	03716	04091	05465	07047
042	02178	02178	02178	02322	02322	02633	03465	03815	05097	06572
043	02174	02174	02174	02317	02317	02628	03457	03807	05085	06557
044	02037	02037	02037	02171	02171	02462	03240	03567	04766	06145

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

1 - 4 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
002	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
003	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
004	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
005	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
006	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
007	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
008	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
009	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
010	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
012	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
017	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
024	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
026	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
033	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
037	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
038	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
039	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
040	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236
041	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
042	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
043	00181	00181	00181	00181	00181	00181	00181	00196	00270	00292
044	00147	00147	00147	00147	00147	00147	00147	00159	00219	00236

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
002	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
003	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
004	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
005	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
006	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
007	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
008	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
009	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
010	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
012	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
017	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
024	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
026	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
033	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
037	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
038	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
039	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
040	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264
041	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
042	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
043	00193	00193	00193	00193	00193	00193	00202	00202	00296	00326
044	00156	00156	00156	00156	00156	00156	00163	00163	00240	00264

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 1 - 4 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
002	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
003	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
004	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
005	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
006	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
007	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
008	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
009	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
010	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
012	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
017	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
024	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
026	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
033	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
037	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
038	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
039	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
040	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318
041	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
042	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
043	00244	00244	00244	00244	00244	00244	00244	00265	00364	00393
044	00198	00198	00198	00198	00198	00198	00198	00214	00294	00318

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
002	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
003	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
004	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
005	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
006	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
007	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
008	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
009	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
010	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
012	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
017	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
024	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
026	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
033	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
037	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
038	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
039	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
040	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356
041	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
042	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
043	00260	00260	00260	00260	00260	00260	00272	00272	00399	00439
044	00211	00211	00211	00211	00211	00211	00220	00220	00323	00356

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **03-H-G-11-0091**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	American National Property And Casualty Company	B.	408-28401

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	4.0 Homeowners	B.	4.0000 Homeowners Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
SH-3 & SH-7	76.5%	19.8%					
SH-4 & SH-6	-0.3%	0.0%					
TOTAL OVERALL EFFECT	75.4%	19.5%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	5139	N/A	N/A	3748	2511	67.0%	60.5%
2007	5124	0.0%	3/1/07	3731	1635	43.8%	55.4%
2008	5009	-3.0%	5/14/08	3893	11869	304.9%	102.2%
2009	4950	9.6%	6/24/09	3789	2643	69.8%	90.3%
2010	4876	6.0%	10/26/10	3964	4115	103.8%	99.2%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.7%
B. General Expense	0.9%
C. Taxes, License & Fees	2.9%
D. Underwriting Profit & Contingencies	13.9%
E. Other (explain)Reinsure Exp	1.9%
F. TOTAL	36.3%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. 21.2 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
 10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Multiple

NAIC LOSS COST DATA ENTRY DOCUMENT

1. This filing transmittal is part of Company Tracking # **03-H-G-11-0091**

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number

		Company Name		Company NAIC Number
3.	A.	American National General Insurance Company	B.	408-39942

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	4.0 Homeowners	B.	4.0000 Homeowners Sub-TOI Combinations

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
SH-3	76.5%	19.7%					
SH-4 & SH-6	-0.3%	0.0%					
TOTAL OVERALL EFFECT	75.4%	19.3%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2006	242	N/A	N/A	249	124	49.7%	94.9%
2007	183	29.0%	3/1/07	235	56	23.7%	43.1%
2008	189	-44.1%	5/14/08	179	299	166.4%	81.8%
2009	314	1.0%	6/24/09	167	97	58.0%	80.7%
2010	380	1.9%	10/26/10	250	69	27.8%	171.7%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	16.7%
B. General Expense	0.9%
C. Taxes, License & Fees	2.9%
D. Underwriting Profit & Contingencies	13.9%
E. Other (explain) Reinsure Exp	1.9%
F. TOTAL	36.3%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
9. 20.7 Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 044
10. 0 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): Multiple

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL Frame

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02135	02135	02135	02208	02208	02530	02972	03555	04432	05963
002	01975	01975	01975	02042	02042	02340	02749	03288	04100	05516
003	03590	03590	03590	03712	03712	04254	04997	05977	07453	10027
004	02597	02597	02597	02685	02685	03077	03615	04324	05391	07253
005	02682	02682	02682	02773	02773	03178	03733	04466	05568	07491
006	02610	02610	02610	02699	02699	03093	03633	04346	05418	07290
007	02735	02735	02735	02828	02828	03241	03807	04554	05678	07639
008	02420	02420	02420	02502	02502	02868	03369	04029	05024	06759
009	02540	02540	02540	02626	02626	03010	03536	04229	05273	07094
010	03137	03137	03137	03244	03244	03717	04367	05223	06512	08762
012	02986	02986	02986	03088	03088	03538	04157	04972	06199	08340
017	02128	02128	02128	02200	02200	02522	02962	03543	04418	05944
024	02713	02713	02713	02805	02805	03215	03776	04517	05632	07577
026	02547	02547	02547	02634	02634	03018	03545	04241	05288	07114
033	02777	02777	02777	02871	02871	03291	03866	04624	05765	07756
037	02049	02049	02049	02119	02119	02428	02852	03412	04254	05723
038	01984	01984	01984	02051	02051	02351	02762	03303	04119	05541
039	02678	02678	02678	02769	02769	03173	03728	04459	05560	07480
040	01812	01812	01812	01874	01874	02147	02522	03017	03762	05061
041	02921	02921	02921	03020	03020	03461	04066	04863	06064	08158
042	02724	02724	02724	02817	02817	03228	03792	04535	05655	07608
043	02718	02718	02718	02810	02810	03221	03783	04525	05643	07591
044	02547	02547	02547	02634	02634	03018	03545	04241	05288	07114

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Veneer

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01778	01778	01778	01896	01896	02150	02829	03115	04161	05365
002	01645	01645	01645	01754	01754	01989	02617	02882	03849	04963
003	02990	02990	02990	03188	03188	03615	04757	05238	06997	09022
004	02163	02163	02163	02306	02306	02615	03441	03789	05062	06526
005	02234	02234	02234	02382	02382	02701	03554	03913	05227	06740
006	02174	02174	02174	02318	02318	02628	03458	03808	05087	06559
007	02278	02278	02278	02429	02429	02754	03624	03990	05331	06873
008	02016	02016	02016	02149	02149	02437	03207	03531	04717	06081
009	02116	02116	02116	02256	02256	02558	03366	03706	04950	06383
010	02613	02613	02613	02786	02786	03159	04157	04577	06114	07883
012	02487	02487	02487	02652	02652	03007	03956	04357	05820	07504
017	01773	01773	01773	01890	01890	02143	02820	03105	04147	05348
024	02260	02260	02260	02409	02409	02732	03595	03958	05288	06818
026	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401
033	02313	02313	02313	02466	02466	02796	03680	04052	05412	06979
037	01707	01707	01707	01820	01820	02063	02715	02989	03994	05149
038	01653	01653	01653	01762	01762	01998	02629	02895	03867	04986
039	02231	02231	02231	02378	02378	02697	03548	03907	05219	06730
040	01509	01509	01509	01609	01609	01825	02401	02644	03532	04554
041	02433	02433	02433	02594	02594	02941	03870	04262	05693	07340
042	02269	02269	02269	02419	02419	02743	03609	03974	05309	06845
043	02264	02264	02264	02414	02414	02737	03601	03966	05297	06830
044	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Brick

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01778	01778	01778	01896	01896	02150	02829	03115	04161	05365
002	01645	01645	01645	01754	01754	01989	02617	02882	03849	04963
003	02990	02990	02990	03188	03188	03615	04757	05238	06997	09022
004	02163	02163	02163	02306	02306	02615	03441	03789	05062	06526
005	02234	02234	02234	02382	02382	02701	03554	03913	05227	06740
006	02174	02174	02174	02318	02318	02628	03458	03808	05087	06559
007	02278	02278	02278	02429	02429	02754	03624	03990	05331	06873
008	02016	02016	02016	02149	02149	02437	03207	03531	04717	06081
009	02116	02116	02116	02256	02256	02558	03366	03706	04950	06383
010	02613	02613	02613	02786	02786	03159	04157	04577	06114	07883
012	02487	02487	02487	02652	02652	03007	03956	04357	05820	07504
017	01773	01773	01773	01890	01890	02143	02820	03105	04147	05348
024	02260	02260	02260	02409	02409	02732	03595	03958	05288	06818
026	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401
033	02313	02313	02313	02466	02466	02796	03680	04052	05412	06979
037	01707	01707	01707	01820	01820	02063	02715	02989	03994	05149
038	01653	01653	01653	01762	01762	01998	02629	02895	03867	04986
039	02231	02231	02231	02378	02378	02697	03548	03907	05219	06730
040	01509	01509	01509	01609	01609	01825	02401	02644	03532	04554
041	02433	02433	02433	02594	02594	02941	03870	04262	05693	07340
042	02269	02269	02269	02419	02419	02743	03609	03974	05309	06845
043	02264	02264	02264	02414	02414	02737	03601	03966	05297	06830
044	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Siding

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02135	02135	02135	02208	02208	02530	02972	03555	04432	05963
002	01975	01975	01975	02042	02042	02340	02749	03288	04100	05516
003	03590	03590	03590	03712	03712	04254	04997	05977	07453	10027
004	02597	02597	02597	02685	02685	03077	03615	04324	05391	07253
005	02682	02682	02682	02773	02773	03178	03733	04466	05568	07491
006	02610	02610	02610	02699	02699	03093	03633	04346	05418	07290
007	02735	02735	02735	02828	02828	03241	03807	04554	05678	07639
008	02420	02420	02420	02502	02502	02868	03369	04029	05024	06759
009	02540	02540	02540	02626	02626	03010	03536	04229	05273	07094
010	03137	03137	03137	03244	03244	03717	04367	05223	06512	08762
012	02986	02986	02986	03088	03088	03538	04157	04972	06199	08340
017	02128	02128	02128	02200	02200	02522	02962	03543	04418	05944
024	02713	02713	02713	02805	02805	03215	03776	04517	05632	07577
026	02547	02547	02547	02634	02634	03018	03545	04241	05288	07114
033	02777	02777	02777	02871	02871	03291	03866	04624	05765	07756
037	02049	02049	02049	02119	02119	02428	02852	03412	04254	05723
038	01984	01984	01984	02051	02051	02351	02762	03303	04119	05541
039	02678	02678	02678	02769	02769	03173	03728	04459	05560	07480
040	01812	01812	01812	01874	01874	02147	02522	03017	03762	05061
041	02921	02921	02921	03020	03020	03461	04066	04863	06064	08158
042	02724	02724	02724	02817	02817	03228	03792	04535	05655	07608
043	02718	02718	02718	02810	02810	03221	03783	04525	05643	07591
044	02547	02547	02547	02634	02634	03018	03545	04241	05288	07114

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-3 SPECIAL

Fire Resistive

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	01778	01778	01778	01896	01896	02150	02829	03115	04161	05365
002	01645	01645	01645	01754	01754	01989	02617	02882	03849	04963
003	02990	02990	02990	03188	03188	03615	04757	05238	06997	09022
004	02163	02163	02163	02306	02306	02615	03441	03789	05062	06526
005	02234	02234	02234	02382	02382	02701	03554	03913	05227	06740
006	02174	02174	02174	02318	02318	02628	03458	03808	05087	06559
007	02278	02278	02278	02429	02429	02754	03624	03990	05331	06873
008	02016	02016	02016	02149	02149	02437	03207	03531	04717	06081
009	02116	02116	02116	02256	02256	02558	03366	03706	04950	06383
010	02613	02613	02613	02786	02786	03159	04157	04577	06114	07883
012	02487	02487	02487	02652	02652	03007	03956	04357	05820	07504
017	01773	01773	01773	01890	01890	02143	02820	03105	04147	05348
024	02260	02260	02260	02409	02409	02732	03595	03958	05288	06818
026	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401
033	02313	02313	02313	02466	02466	02796	03680	04052	05412	06979
037	01707	01707	01707	01820	01820	02063	02715	02989	03994	05149
038	01653	01653	01653	01762	01762	01998	02629	02895	03867	04986
039	02231	02231	02231	02378	02378	02697	03548	03907	05219	06730
040	01509	01509	01509	01609	01609	01825	02401	02644	03532	04554
041	02433	02433	02433	02594	02594	02941	03870	04262	05693	07340
042	02269	02269	02269	02419	02419	02743	03609	03974	05309	06845
043	02264	02264	02264	02414	02414	02737	03601	03966	05297	06830
044	02122	02122	02122	02262	02262	02565	03375	03716	04964	06401

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

1 - 4 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
002	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
003	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
004	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
005	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
006	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
007	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
008	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
009	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
010	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
012	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
017	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
024	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
026	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
033	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
037	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
038	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
039	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
040	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246
041	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
042	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
043	00189	00189	00189	00189	00189	00189	00189	00205	00281	00304
044	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-4 TENANT

5 - 99 Units

The premiums shown include section II limits of
\$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
002	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
003	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
004	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
005	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
006	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
007	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
008	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
009	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
010	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
012	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
017	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
024	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
026	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
033	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
037	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
038	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
039	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
040	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275
041	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
042	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
043	00201	00201	00201	00201	00201	00201	00210	00210	00308	00340
044	00163	00163	00163	00163	00163	00163	00170	00170	00250	00275

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 1 - 4 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
002	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
003	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
004	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
005	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
006	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
007	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
008	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
009	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
010	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
012	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
017	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
024	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
026	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
033	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
037	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
038	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
039	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
040	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331
041	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
042	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
043	00255	00255	00255	00255	00255	00255	00255	00276	00379	00409
044	00206	00206	00206	00206	00206	00206	00206	00223	00307	00331

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-6 CONDOMINIUM 5 - 99 Units

The premiums shown include section II limits of
 \$100,000 Liability and \$1,000 Medical Payments

Base Deductible \$1000

Based on \$20,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
002	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
003	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
004	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
005	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
006	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
007	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
008	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
009	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
010	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
012	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
017	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
024	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
026	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
033	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
037	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
038	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
039	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
040	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371
041	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
042	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
043	00271	00271	00271	00271	00271	00271	00283	00283	00415	00458
044	00219	00219	00219	00219	00219	00219	00229	00229	00336	00371

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Frame

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02498	02498	02498	02583	02583	02960	03477	04159	05186	06977
002	02311	02311	02311	02389	02389	02738	03217	03847	04797	06454
003	04200	04200	04200	04343	04343	04977	05847	06993	08720	11731
004	03038	03038	03038	03142	03142	03601	04230	05059	06308	08487
005	03138	03138	03138	03245	03245	03718	04368	05225	06514	08764
006	03054	03054	03054	03158	03158	03619	04251	05084	06339	08529
007	03200	03200	03200	03309	03309	03792	04454	05328	06643	08937
008	02831	02831	02831	02928	02928	03355	03941	04714	05878	07908
009	02972	02972	02972	03073	03073	03522	04137	04948	06169	08300
010	03670	03670	03670	03795	03795	04349	05109	06111	07620	10251
012	03494	03494	03494	03612	03612	04140	04863	05817	07253	09758
017	02490	02490	02490	02574	02574	02950	03466	04145	05169	06954
024	03174	03174	03174	03282	03282	03761	04419	05285	06590	08866
026	02980	02980	02980	03081	03081	03531	04148	04962	06186	08323
033	03249	03249	03249	03360	03360	03850	04523	05410	06745	09075
037	02397	02397	02397	02479	02479	02841	03337	03992	04977	06696
038	02321	02321	02321	02400	02400	02751	03231	03865	04819	06483
039	03133	03133	03133	03240	03240	03713	04361	05217	06505	08751
040	02120	02120	02120	02192	02192	02512	02951	03530	04401	05921
041	03418	03418	03418	03534	03534	04050	04757	05690	07095	09545
042	03187	03187	03187	03295	03295	03777	04436	05306	06616	08902
043	03180	03180	03180	03288	03288	03768	04427	05295	06602	08882
044	02980	02980	02980	03081	03081	03531	04148	04962	06186	08323

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
 HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Veneer

The premiums shown include section II limits of
 \$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02081	02081	02081	02218	02218	02515	03310	03645	04869	06277
002	01925	01925	01925	02052	02052	02327	03062	03371	04504	05807
003	03499	03499	03499	03730	03730	04230	05565	06128	08186	10555
004	02531	02531	02531	02698	02698	03060	04026	04433	05922	07636
005	02614	02614	02614	02786	02786	03160	04158	04578	06116	07886
006	02544	02544	02544	02712	02712	03075	04046	04455	05952	07674
007	02666	02666	02666	02842	02842	03222	04240	04669	06237	08041
008	02359	02359	02359	02514	02514	02851	03752	04131	05518	07115
009	02476	02476	02476	02639	02639	02993	03938	04336	05792	07468
010	03057	03057	03057	03259	03259	03696	04863	05355	07153	09223
012	02910	02910	02910	03102	03102	03518	04629	05097	06809	08779
017	02074	02074	02074	02211	02211	02507	03299	03633	04853	06257
024	02644	02644	02644	02819	02819	03196	04206	04631	06187	07977
026	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489
033	02706	02706	02706	02885	02885	03272	04305	04740	06332	08165
037	01997	01997	01997	02129	02129	02414	03176	03498	04672	06024
038	01934	01934	01934	02061	02061	02338	03076	03387	04524	05833
039	02610	02610	02610	02782	02782	03155	04152	04571	06107	07874
040	01766	01766	01766	01883	01883	02135	02809	03093	04132	05328
041	02847	02847	02847	03035	03035	03441	04528	04986	06661	08588
042	02655	02655	02655	02830	02830	03209	04223	04650	06212	08009
043	02649	02649	02649	02824	02824	03202	04214	04640	06198	07991
044	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Brick

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02081	02081	02081	02218	02218	02515	03310	03645	04869	06277
002	01925	01925	01925	02052	02052	02327	03062	03371	04504	05807
003	03499	03499	03499	03730	03730	04230	05565	06128	08186	10555
004	02531	02531	02531	02698	02698	03060	04026	04433	05922	07636
005	02614	02614	02614	02786	02786	03160	04158	04578	06116	07886
006	02544	02544	02544	02712	02712	03075	04046	04455	05952	07674
007	02666	02666	02666	02842	02842	03222	04240	04669	06237	08041
008	02359	02359	02359	02514	02514	02851	03752	04131	05518	07115
009	02476	02476	02476	02639	02639	02993	03938	04336	05792	07468
010	03057	03057	03057	03259	03259	03696	04863	05355	07153	09223
012	02910	02910	02910	03102	03102	03518	04629	05097	06809	08779
017	02074	02074	02074	02211	02211	02507	03299	03633	04853	06257
024	02644	02644	02644	02819	02819	03196	04206	04631	06187	07977
026	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489
033	02706	02706	02706	02885	02885	03272	04305	04740	06332	08165
037	01997	01997	01997	02129	02129	02414	03176	03498	04672	06024
038	01934	01934	01934	02061	02061	02338	03076	03387	04524	05833
039	02610	02610	02610	02782	02782	03155	04152	04571	06107	07874
040	01766	01766	01766	01883	01883	02135	02809	03093	04132	05328
041	02847	02847	02847	03035	03035	03441	04528	04986	06661	08588
042	02655	02655	02655	02830	02830	03209	04223	04650	06212	08009
043	02649	02649	02649	02824	02824	03202	04214	04640	06198	07991
044	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Siding

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02498	02498	02498	02583	02583	02960	03477	04159	05186	06977
002	02311	02311	02311	02389	02389	02738	03217	03847	04797	06454
003	04200	04200	04200	04343	04343	04977	05847	06993	08720	11731
004	03038	03038	03038	03142	03142	03601	04230	05059	06308	08487
005	03138	03138	03138	03245	03245	03718	04368	05225	06514	08764
006	03054	03054	03054	03158	03158	03619	04251	05084	06339	08529
007	03200	03200	03200	03309	03309	03792	04454	05328	06643	08937
008	02831	02831	02831	02928	02928	03355	03941	04714	05878	07908
009	02972	02972	02972	03073	03073	03522	04137	04948	06169	08300
010	03670	03670	03670	03795	03795	04349	05109	06111	07620	10251
012	03494	03494	03494	03612	03612	04140	04863	05817	07253	09758
017	02490	02490	02490	02574	02574	02950	03466	04145	05169	06954
024	03174	03174	03174	03282	03282	03761	04419	05285	06590	08866
026	02980	02980	02980	03081	03081	03531	04148	04962	06186	08323
033	03249	03249	03249	03360	03360	03850	04523	05410	06745	09075
037	02397	02397	02397	02479	02479	02841	03337	03992	04977	06696
038	02321	02321	02321	02400	02400	02751	03231	03865	04819	06483
039	03133	03133	03133	03240	03240	03713	04361	05217	06505	08751
040	02120	02120	02120	02192	02192	02512	02951	03530	04401	05921
041	03418	03418	03418	03534	03534	04050	04757	05690	07095	09545
042	03187	03187	03187	03295	03295	03777	04436	05306	06616	08902
043	03180	03180	03180	03288	03288	03768	04427	05295	06602	08882
044	02980	02980	02980	03081	03081	03531	04148	04962	06186	08323

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS BASE RATES

All Peril

SH-7 ELITE

Fire Resistive

The premiums shown include section II limits of
\$300,000 Liability and \$2,000 Medical Payments

Base Deductible \$1000

Based on \$150,000 coverage

ZONE	PROTECTION CLASSES									
	01	02	03	04	05	06	07	08	09	10
001	02081	02081	02081	02218	02218	02515	03310	03645	04869	06277
002	01925	01925	01925	02052	02052	02327	03062	03371	04504	05807
003	03499	03499	03499	03730	03730	04230	05565	06128	08186	10555
004	02531	02531	02531	02698	02698	03060	04026	04433	05922	07636
005	02614	02614	02614	02786	02786	03160	04158	04578	06116	07886
006	02544	02544	02544	02712	02712	03075	04046	04455	05952	07674
007	02666	02666	02666	02842	02842	03222	04240	04669	06237	08041
008	02359	02359	02359	02514	02514	02851	03752	04131	05518	07115
009	02476	02476	02476	02639	02639	02993	03938	04336	05792	07468
010	03057	03057	03057	03259	03259	03696	04863	05355	07153	09223
012	02910	02910	02910	03102	03102	03518	04629	05097	06809	08779
017	02074	02074	02074	02211	02211	02507	03299	03633	04853	06257
024	02644	02644	02644	02819	02819	03196	04206	04631	06187	07977
026	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489
033	02706	02706	02706	02885	02885	03272	04305	04740	06332	08165
037	01997	01997	01997	02129	02129	02414	03176	03498	04672	06024
038	01934	01934	01934	02061	02061	02338	03076	03387	04524	05833
039	02610	02610	02610	02782	02782	03155	04152	04571	06107	07874
040	01766	01766	01766	01883	01883	02135	02809	03093	04132	05328
041	02847	02847	02847	03035	03035	03441	04528	04986	06661	08588
042	02655	02655	02655	02830	02830	03209	04223	04650	06212	08009
043	02649	02649	02649	02824	02824	03202	04214	04640	06198	07991
044	02482	02482	02482	02646	02646	03001	03948	04348	05808	07489