Filing at a Glance

Companies: American National General Insurance Company, American National Property And Casualty Company
Product Name: Homeowners
SERFF Tr Num: ANPC-128246906
State: Arkansas
TOI: 04.0 Homeowners
SERFF Status: Closed-Filed
State Tr Num:
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Co Tr Num: 03-H-G-12-0157
State Status:
Filing Type: Rate/Rule
Reviewer(s): Becky Harrington
Author: Richelle Lewers
Disposition Date: 06/13/2012
Date Submitted: 05/18/2012
Disposition Status: Filed
Effective Date Requested (New): 09/18/2012
Effective Date (New): 09/18/2012
Effective Date Requested (Renewal): 09/18/2012
Effective Date (Renewal): 09/18/2012

State Filing Description:
referred to Commissioner 5/30/12

General Information

Project Name: AR ANPAC/ANG Rate Rule Revision - PA
Status of Filing in Domicile:
Project Number: 433671
Domicile Status Comments:
Reference Organization:
Reference Number:
Reference Title:
Advisory Org. Circular:
Filing Status Changed: 06/13/2012
State Status Changed: 05/30/2012
Deemer Date:
Created By: Richelle Lewers
Submitted By: Richelle Lewers
Corresponding Filing Tracking Number: 03-H-G-12-0159
Filing Description:
American National Property And Casualty Company and American National General Insurance Company file the following revisions to our Homeowners Insurance Program:

General Rules Revisions:

The rating example in Rule XIV, Premium Determination, is deleted. This rule still provides sufficient information to manually rate a policy.

Miscellaneous Rate and Endorsement Revisions:

For ANPAC Home, Rule A, “Camping/travel trailers” is revised to read “camping trailers, travel trailers” for clarity.

For ANG Home, Rule A, is updated with the correct date. “Camping/travel trailers” is revised to read “camping trailers, travel trailers” for clarity. The first refund conditions and procedures have been added back, since they were inadvertently deleted.

Rule D, Utilities/Roof Rating Plan, Tin (Terne) and Steel roof types are now eligible for a discount, while the “composite wood fiber” roof type was replaced by “fiber cement”.

The TLC discount is revised as follows:
• The name of the discount is revised to read “TLC Tri-Line Coverage Discount From ANPACSM” to match the registered service mark for this discount.
• The discount percentages are revised. For ANPAC Home, the discount percentage is reduced from 15% to 10%. For ANG Home, discount percentages will be moving from 15% to 10% for Life Product Rated in Preferred-Plus Non-Nicotine Plan and from 10% to 5% for Other Rated Life Product.
• “Camping/travel trailers” is revised to read “camping trailers, travel trailers” for clarity.
• Wording is removed regarding when the TLC discount can be applied, deleted or evaluated. Our evaluation procedures have not changed; we simply prefer not to include this detail in our general rules.

For ANPAC Home, the Homeowners Advantage Discount is revised to vary the amount of discount given based on the length of time the insured has had both their automobile and homeowners insurance with American National Property And Casualty Company. “Camping/travel trailers” is also revised to read “camping trailers, travel trailers” for clarity. Furthermore, wording regarding when the Homeowners Advantage discount can be applied, deleted or evaluated is removed. Our evaluation procedures have not changed; we simply prefer not to include this detail in our general rules.

For ANG Home, the Auto-Home Discount is revised to change “camping/travel trailers” to read “camping trailers, travel trailers” for clarity. This discount is also revised to remove wording regarding when the Auto-Home discount can be applied to, deleted from or evaluated on the policy. Our evaluation procedures have not changed; we simply prefer not to include this wording in our general rules.

For ANPAC Home only, SH-92452 Blanket Jewelry, Watches, and Furs Coverage - $5,000 is a new endorsement that provides $5,000 coverage for jewelry, watches, furs, precious and semi-precious stones on an unscheduled basis, subject to a $500 deductible. For the peril of theft, the maximum we will pay is $5,000. For other covered perils, the personal property limit of liability is increased by $5,000. There is no per article limit with this coverage.

For ANPAC Home only, Rules SH-91281 Broadened Jewelry, Watches and Furs Coverage – Increased Limit and SH-9381 Broadened Jewelry, Watches and Furs Coverage are being withdrawn. All clients with these endorsements will have the new SH-92452 Blanket Jewelry, Watches and Furs Coverage - $5,000 rolled onto their policies to replace these endorsements. Clients will be notified of this change.

Earthquake Coverage Endorsements SH-9878 and SH-91260 are revised. Since we no longer offer earthquake coverage to new business or existing business that does not currently carry earthquake coverage, the binding authority restrictions are removed.

The rule for Supreme Protection Package – “Platinum”, SH-91801, is revised to include the deductibles that coincide with the following coverages:
• Refrigerated Products Coverage has a $500 deductible.
• Limited Fungus Remediation Coverage has a $5,000 deductible.
• Water Backup Coverage has a $5,000 deductible.

For ANG Home only, Equipment Breakdown Coverage, SH-91909, is updated 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.

Please see accompanying actuarial memorandum and exhibits for more detail on the rate change.

State Narrative:

Company and Contact

Filing Contact Information

Richelle Lewers, Regulatory Compliance Analyst I	Richelle.Lewers@anpac.com	
1949 E Sunshine	417-887-4990 [Phone] 2607 [Ext]	
Springfield, MO 65899	417-877-5014 [FAX]	

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 Company CoCode: 28401 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: 43-1010895
(417) 887-4990 ext. [Phone]

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	$50 per rule filing + $50 per rate filing = $100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National General Insurance Company	$0.00	05/18/2012	
American National Property And Casualty Company	$100.00	05/18/2012	59280918

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	06/13/2012	06/13/2012

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	06/06/2012	06/06/2012	Richelle Lewers	06/06/2012	06/06/2012
Pending Industry Response	Becky Harrington	05/30/2012	05/30/2012	Richelle Lewers	06/04/2012	06/05/2012
No response necessary	Becky Harrington	05/30/2012	05/30/2012			
Pending Industry Response	Becky Harrington	05/21/2012	05/21/2012	Richelle Lewers	05/24/2012	05/25/2012

Disposition

Disposition Date: 06/13/2012
Effective Date (New): 09/18/2012
Effective Date (Renewal): 09/18/2012
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	41.800%	18.300%	$50,291	318	$274,734	25.000%	-20.300%
American National Property And Casualty Company	41.800%	18.400%	$902,609	4,820	$4,917,065	25.000%	-27.100%

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	41.800%
Overall Percentage Rate Impact For This Filing	18.400%
Effect of Rate Filing-Written Premium Change For This Program	$952,900

SERFF Tracking Number:	*ANPC-128246906*	*State:*	*Arkansas*
First Filing Company:	*American National General Insurance Company, ...*	*State Tracking Number:*	
Company Tracking Number:	*03-H-G-12-0157*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*AR ANPAC/ANG Rate Rule Revision - PA/433671*		

Effect of Rate Filing - Number of Policyholders Affected 5,138

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	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	NAIC loss cost data entry document		Yes
Supporting Document	Actuarial Memorandum	Filed	Yes
Supporting Document	Rate Exhibits	Filed	Yes
Supporting Document	Exhibit A	Filed	Yes
Supporting Document	Supplemental Exhibits	Filed	Yes
Rate	ANPAC General Rules	Filed	Yes
Rate	ANPAC Miscellaneous Rate and Endorsement Pages	Filed	Yes
Rate *(revised)*	ANPAC Rate Pages	Filed	Yes
Rate	ANPAC Rate Pages		Yes
Rate	ANPAC Special Rate Pages	Filed	Yes
Rate	ANGIC General Rules	Filed	Yes
Rate	ANGIC Miscellaneous Rate and Endorsement Pages	Filed	Yes
Rate *(revised)*	ANGIC Rate Pages	Filed	Yes
Rate	ANGIC Rate Pages		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/06/2012
Submitted Date	06/06/2012
Respond By Date	

Dear Richelle Lewers,

This will acknowledge receipt of the response of 6/5/12

Objection 1

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment: The forms are generating an error due to formulas when opening/saving. Please revised to remove all formulas or reference to other worksheets/workbooks.

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."

Sincerely,

Becky Harrington

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/06/2012
Submitted Date	06/06/2012

Dear Becky Harrington,

Comments:

Response 1

Comments: Revised HPCS worksheets have been attached.

Related Objection 1

Applies To:

- HPCS-Homeowners Premium Comparison Survey (Supporting Document)

Comment:

The forms are generating an error due to formulas when opening/saving. Please revised to remove all formulas or reference to other worksheets/workbooks.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: HPCS-Homeowners Premium Comparison Survey

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Richelle Lewers

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/30/2012
Submitted Date	05/30/2012
Respond By Date	

Dear Richelle Lewers,

The requested increase has been reviewed by the Commissioner.

Please amend the overall amount to 20% anc cap increases to individual insureds at no more than 25%.

Provide revised HPCS forms.

Indicate revised effective dates if necessary.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2012
Submitted Date	06/05/2012

Dear Becky Harrington,

Comments:

Response 1

Comments: We are evenly reducing the dwelling form base rates to comply with the overall increase prescribed by the Department. We will apply a 25% cap on rate increases at renewal. This capping procedure will not apply to changes in coverage or to changes in the risk characteristics of the insured. In other words, some policyholders may see premium increases in excess of 25% of last year's premium. Revised Exhibit X displays the new proposed base rate information. Revised Exhibit XIV summarizes the rate change by Form and Zone on a capped and ultimate basis. The capped increase is +18.4% with a revenue impact of $952,900. The overall ultimate percent change is +20.0% with a revenue impact of $1,038,259. A revised HPCS, RF-1 and Base Rate Manual pages are attached. The Effective dates and SERFF rate data have also been revised.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: HPCS-Homeowners Premium Comparison Survey
Comment:
Satisfied -Name: NAIC loss cost data entry document
Comment:
Satisfied -Name: Supplemental Exhibits
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
ANPAC Rate Pages	AR ANP HR 1.001 to 3.008 (7-12)	Replacement	

Previous Version

ANPAC Rate Pages	*AR ANP HR 1.001 to 3.008 (6-12)*	*Replacement*
ANGIC Rate Pages	AR ANG HR 1.001 to 3.005 (7-12)	Replacement

Previous Version

ANGIC Rate Pages	*AR ANG HR 1.001 to 3.005 (6-12)*	*Replacement*

Sincerely,
Richelle Lewers

Objection Letter

Objection Letter Status	No response necessary
Objection Letter Date	05/30/2012
Submitted Date	05/30/2012
Respond By Date	

Dear Richelle Lewers,

This will acknowledge receipt of the recent response.

This filing is being referred to the Commissioner for review due to the requested increase amount being greater than 6%. No response is required at this time.

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

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/21/2012
Submitted Date	05/21/2012
Respond By Date	

Dear Richelle Lewers,

This will acknowledge receipt of the captioned filing.

Objection 1

- NAIC loss cost data entry document (Supporting Document)
- Rate Exhibits (Supporting Document)

Comment: The rate change information for ANGIC on the NAIC loss cost data entry document is inconsistent with information elsewhere in the filing. Please correct/explain.

Objection 2

Comment: Please confirm the percentage change column of Exhibit XIV represents all changes included in the filing. (PC RLC or RF-1 reflects maximum changes of 92.5% and 69.4%)

Objection 3

- Actuarial Memorandum (Supporting Document)

Comment: Please provide additional details regarding the changes to the Homeowners Advantage Discount. Provide support for decreasing the discount over time.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/24/2012
Submitted Date	05/25/2012

Dear Becky Harrington,

Comments:

Response 1

Comments: The NAIC loss cost data entry document was not fully updated. Sections 5 & 7 were in error. The fully updated form is included with this supplement. We apologize for this error. A revised RF-1 exhibit is attached.

Related Objection 1

Applies To:

- NAIC loss cost data entry document (Supporting Document)
- Rate Exhibits (Supporting Document)

Comment:

The rate change information for ANGIC on the NAIC loss cost data entry document is inconsistent with information elsewhere in the filing. Please correct/explain.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Exhibit XIV does include all changes included in the filing and summarizes the rerate that reflects the maximum and minimum changes included in the RF-1 exhibit.

Related Objection 1

Comment:

Please confirm the percentage change column of Exhibit XIV represents all changes included in the filing. (PC RLC or RF-1 reflects maximum changes of 92.5% and 69.4%)

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: The Homeowners Advantage Discount provides a discount for the first three terms of a policy before the policyholder will potentially receive their CA$HBACK refund check. Exhibit A shows an example of how this discount would work for a policy that has been insured with ANPAC for 8 terms (8 years). The Homeowners Advantage Discount starts at 21% and then lowers each term to 10% after the third term. As shown the cumulative effect of the Homeowners Advantage Discount and CA$HBACK program is approximately 20.6% for a policyholder who has been insured with ANPAC for 8 terms, which is comparable to our competitors. The benefit to the customer is 26.2% if they remain claim free and receive a CA$HBACK refund versus 12.9% for those who do not qualify for a CA$HBACK refund.

Related Objection 1

Applies To:

- Actuarial Memorandum (Supporting Document)

Comment:

Please provide additional details regarding the changes to the Homeowners Advantage Discount. Provide support for decreasing the discount over time.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Exhibit A

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Richelle Lewers

Post Submission Update Request Processed On 06/06/2012

Status:	Allowed
Created By:	Richelle Lewers
Processed By:	Becky Harrington
Comments:	Per dept request

General Information:

Field Name	Requested Change	Prior Value
Effective Date Requested (New)	09/18/2012	08/29/2012
Effective Date Requested (Renew)	09/18/2012	08/29/2012

Company Rate Information:

Company Name:American National General Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	18.300%	29.100%
Written Premium Change for this Program	$50291	$80023
Maximum %Change (where required)	25.000%	69.400%
Minimum %Change (where required)	-20.300%	-13.700%

Company Name:American National Property And Casualty Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	18.400%	30.000%
Written Premium Change for this Program	$902609	$1476273
Maximum %Change (where required)	25.000%	92.500%
Minimum %Change (where required)	-27.100%	-22.300%

Overall Rate Information:

Field Name	Requested Change	Prior Value
Overall Percentage Rate Impact For This Filing	18.400%	30.000%

SERFF Tracking Number:	*ANPC-128246906*	*State:*	*Arkansas*
First Filing Company:	*American National General Insurance Company, ...*	*State Tracking Number:*	
Company Tracking Number:	*03-H-G-12-0157*		
TOI:	*04.0 Homeowners*	*Sub-TOI:*	*04.0000 Homeowners Sub-TOI Combinations*
Product Name:	*Homeowners*		
Project Name/Number:	*AR ANPAC/ANG Rate Rule Revision - PA/433671*		

Rate Information

Rate data applies to filing.

Filing Method:	File and Use
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.700%
Effective Date of Last Rate Revision:	07/20/2011
Filing Method of Last Filing:	File and Use

Company Rate Information

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	41.800%	18.300%	$50,291	318	$274,734	25.000%	-20.300%

Company Rate Information

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 Property And Casualty Company	41.800%	18.400%	$902,609	4,820	$4,917,065	25.000%	-27.100%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:	41.800%
Overall Percentage Rate Impact For This Filing:	18.400%
Effect of Rate Filing - Written Premium Change For This Program:	$952,900
Effect of Rate Filing - Number of Policyholders Affected:	5138

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed 06/13/2012	ANPAC General Rules	H-GR-Index; GR-1 to GR-6 (5-12)	Replacement		AR ANP GR 5-12.pdf
Filed 06/13/2012	ANPAC Miscellaneous Rate and Endorsement Pages	H-P-Index; H-P-1 to H-P-25 (5-12)	Replacement		AR ANP HP 5-12.pdf
Filed 06/13/2012	ANPAC Rate Pages	AR ANP HR 1.001 to 3.008 (7-12)	Replacement		AR ANP HR 1.001-3.008 (7-12).pdf
Filed 06/13/2012	ANPAC Special Rate Pages	AR ANP HSP 1.001 to 1.002 (6-12)	Replacement		AR ANP HSP 1.001-1.002 (6-12).pdf
Filed 06/13/2012	ANGIC General Rules	H-GR-Index; GR-1 to GR-6 (5-12)	Replacement		AR ANG GR 5-12.pdf
Filed 06/13/2012	ANGIC Miscellaneous Rate and Endorsement Pages	H-P-Index; H-P-1 to H-P-25 (5-12)	Replacement		AR ANG HP 5-12.pdf
Filed 06/13/2012	ANGIC Rate Pages	AR ANG HR 1.001 to 3.005 (7-12)	Replacement		AR ANG HR 1.001-3.005 (7-12).pdf

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
HOMEOWNERS PROGRAM
INDEX TO GENERAL RULES

	Rule Number	Page Number
Additional Insured	V. B.	GR-3
Cancellations	XIII.	GR-4
Changes in Limits or Coverages	XI.	GR-4
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Co-Owned Dwelling	II. C.	GR-1
Coverage Enhancements - Forms 6 & 7	IV. D.	GR-3
Eligibility - Forms 3 & 7	II. A.	GR-1
Eligibility - Forms 4 & 6	II. B.	GR-1
Farm Risks	II. D.	GR-1
General Instructions	I.	GR-1
Inflation Coverage	XIX.	GR-6
Interpolation of Manual Premiums/Factors	XV.	GR-5
Liability Coverage	III. B. 1.	GR-2
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AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
HOMEOWNERS POLICY PROGRAM
GENERAL RULES

I. GENERAL INSTRUCTIONS

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsements which are filed by the Company. This manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, forms, and endorsements filed by the Company for each coverage shall govern in all cases.

II. ELIGIBILITY

A. **Forms 3 and 7** - A Homeowners Policy may be issued:

1. To an owner-occupant of a one- or two-family dwelling which is used exclusively for private residential purposes (except permitted incidental occupancies); or

2. To cover dwellings in the course of construction, provided the policy is issued only in the name of the intended owner-occupant of the dwelling, subject to all rules and premiums contained in this manual; or

3. To a purchaser-occupant who has entered into a long-term installment contract for the purchase of the dwelling and who occupies the dwelling but to whom title does not pass from the seller until all the terms of the installment contract have been satisfied. The seller retains title until completion of the payments and in no way acts as a mortgagee. The seller's interest in the building and premises liability may be covered by attaching the Additional Insured endorsement.

B. **Contents Form 4 and Condominium Unit-Owners Form 6.**

1. Form 4 may be issued to the tenant (non-owner) of a dwelling or an apartment not eligible for a Homeowners Policy provided:

a. The residence premises must be occupied by the insured exclusively for residential purposes, except when an incidental office, professional, private school, or studio occupancy is permitted.

b. The residence premises cannot be occupied by more than one family unless a separate policy is written on each family. There is a two-family limit for each residence.

2. Form 6 may be issued to the owner of a Condominium Unit which is used exclusively for residential purposes, except when an incidental office, professional, private school, or studio occupancy is permitted. Such a unit cannot be occupied by more than one family. There must be in force a master policy covering the building real property exposure.

C. When a one- or two-family dwelling is occupied by co-owners, a Homeowners Policy providing coverage may be issued in the name of both co-owner occupants of the dwelling.

D. A Homeowners Policy shall not be issued to cover any property to which farm forms or rates apply under the rules filed by the Company.

E. A Homeowners Policy shall not be issued to cover any modular (except as explicitly permitted in the New Business Underwriting Guidelines), manufactured home, trailer home, or house trailer whether or not set on blocks, foundations, or otherwise made stationary.

III. POLICY FORMS AND DESCRIPTION OF COVERAGE

The following is a general description of the coverages provided by the individual Homeowners Forms. The policy and forms should be consulted for exact contract conditions.

A. Section I Coverages - Physical Damage
Coverage A - Dwelling
Coverage B - Other Structures
Coverage C - Personal Property
Coverage D - Loss of Use

1. **Form 3 - Special Form.** Covers dwelling, other structures, and loss of use against risks of direct physical loss, with certain exceptions. Personal property is covered for the following perils:

Fire or Lightning	Theft
Windstorm or Hail	Falling Objects
Explosion	Weight of Ice, Snow, or Sleet
Riot or Civil Commotion	Sudden and Accidental Tearing Asunder of a Heating System or Appliance
Aircraft	
Vehicles	
Smoke	Accidental Discharge of Water or Steam
Vandalism or Malicious Mischief	Freezing of Plumbing Systems
Breakage of Glass or Safety Glazing Material	Sudden and Accidental Damage from Electrical Current

2. **Form 4 - Contents Form.** Covers personal property, including the insured's interest in building additions and alterations, and loss of use against loss by the same perils for personal property as provided in Form 3 - Special Form.

3. **Form 6 - Condominium Unit-Owners Form.** Covers personal property, including the insured's interest in building additions and alterations, and loss of use against loss caused by the same perils for personal property as provided in Form 3 - Special Form.

4. **Form 7 - Elite Form.** Covers dwelling, other structures, and loss of use against risks of direct physical loss, with certain exceptions. Also, personal property is covered for loss caused by the same perils as provided in Form 3 - Special Form.

B. Section II Coverages - Liability - All Forms

1. **Coverage E - Personal Liability** - Covers payment on behalf of any insured all sums which the insured shall become legally obligated to pay as damages because of bodily injury or property damage occurring on the insured's premises or resulting from personal activities.

2. **Coverage F - Medical Payments to Others** – Covers medical expenses incurred by persons, other than the insured, who sustain bodily injury caused by an accident occurring on the insured's premises or resulting from personal activities.

IV. LIMITS OF LIABILITY

A. The basic limits of liability under the Homeowners Policy are:

Section I Coverages	Form 3	Form 4	Form 6	Form 7
Cov. A - Dwelling	Limit selected	N/A	Minimum $1,000	Limit selected
Cov. B - Other Structures	10% of limit on dwelling	N/A	N/A	10% of limit on dwelling
Cov. C - Personal Prop.	50% of limit on dwelling	Limit selected	Limit selected	75% of limit on dwelling
Cov. D - Loss of Use	20% of limit on dwelling*	20% of limit on pers. prop.	40% of limit on pers. prop.	25% of limit on dwelling*

*Subject to a monthly maximum of 2% of Coverage A.

Section II Coverages		Form 3 & Form 7	Form 4 & Form 6
Cov. E - Personal Liability	Each occurrence	$300,000	$100,000
Cov. F - Medical Payments to Others	Each person	$2,000	$1,000

B. Forms 3 and 7 - Under Coverage B of Section I, an additional amount of insurance may be written on a specific structure.

C. Form 3 - Under Coverage C of Section I, it is permissible to reduce the limit of liability to an amount not less than 40% of the limit on the Dwelling.

D. Forms 6 and 7 - Provides the following coverage enhancements:

1. Off premises Boat Dock ($2,500).
2. Personal Property Replacement Cost Coverage.
3. Debris Removal of Trees, Shrubs or Plants.
4. Credit Card and Counterfeit Money - $2,500 Limit.
5. Accidental Discharge of Water From a Water Bed.
6. Accidental Death benefit for on premises accident ($1,000).
7. Physical Damage to Property of Others - $1,000 per occurrence.

Additionally, Form 7 also provides the following coverages:

1. Refrigerated Products Coverage ($1,000 with $500 deductible).
2. Structural Glass Breakage ($250 with no deductible).
3. Dwelling Lock Coverage - $250 per occurrence.
4. Jewelry, Watches, Furs Broadened Coverage ($1,000 per item and $2,500 aggregate limit).

V. MANDATORY COVERAGES

A. It is mandatory that insurance be written for all coverages provided under both Sections I and II of the Homeowners Policy.

B. The Additional Insured endorsement is required to extend coverage for the building and for premises liability to cover the interest of a non-occupant joint owner.

C. Section II of the policy requires coverage for the following exposures and the additional premium developed from the Premium Section of the manual must be charged when such exposures exist:

1. All additional residence premises where the named insured or spouse maintains a residence, other than a business or farm property;

2. Incidental office, professional, private school, or studio occupancies by the insured on residential premises of the insured.

VI. SECONDARY RESIDENCE PREMISES

When a secondary residence occupied by the insured qualifies for Homeowners coverage, a separate policy must be issued. The separate policy must include both Section I and Section II coverages.

VII. CONSTRUCTION DEFINITIONS

Note: Mixed Construction – A dwelling shall be classified as frame where the total exterior wall area exceeds 33 1/3% of frame construction. Otherwise, classify as Masonry Veneer.

A. Frame - A dwelling with exterior walls of combustible construction, including walls with wood, metal, stucco, or metal lath and plaster on combustible supports.

B. Masonry Veneer - A dwelling with exterior walls of combustible construction usually wood frame, veneered with masonry materials (brick or stone).

C. Masonry - A dwelling with exterior walls of solid brick, concrete, gypsum block, hollow concrete block, adobe, stone, tile, or similar noncombustible materials; however, floors and roof are constructed of combustible material (disregard floors directly on the ground).

D. Siding – A dwelling with exterior walls of combustible construction, including walls with Vinyl, Steel, Aluminum, or Wood Siding on combustible supports.

E. Fire Resistive - A dwelling with exterior walls, floors, and roof constructed **entirely** of masonry or fire resistive materials and **supported** by metal, asbestos, gypsum or other like material. Materials with a Fire Resistance Rating of not less than one hour are considered fire resistive. A dwelling of wood frame construction is not Fire Resistive.

VIII. PROTECTION CLASS DETERMINATION

All policies shall be rated according to the protection classifications provided by the Insurance Services Office. Any exceptions are shown in the state exception pages.

IX. CHANGE IN PROTECTION CLASS

If there is a change in the Protection Class that affects the rate on an existing policy, the premium shall not be adjusted until the first subsequent renewal.

Exception: At the insured's request, existing policies in effect not more than 45 days prior to the effective date of the protection class change may be adjusted on a pro rata basis to the new premium on or after the effective date.

X. POLICY TERM

The Homeowners Policy is a continuous renewal policy written for a term of one year. Short term policies may be written for purposes of obtaining a policy expiration date at the request of the mortgagee. All premiums contained in the premium section of this manual are annual premiums. The premium for a policy term of less than one year shall be pro rata of the annual premium.

The policy is extended for successive policy terms by payment of the required continuation premium for each successive policy term based upon the premiums in effect on the renewal date. The Company shall, on each renewal date, furnish the named insured any form revisions applicable to the coverages to be continued in force.

XI. CHANGES IN LIMITS OR COVERAGES

The limits of liability may be increased or decreased or coverages may be added during the term of the policy. The adjusted premium is computed on a pro rata basis subject to all the manual rules.

Any policy change that takes place during the term of the policy will be shown by an Amended Declaration.

XII. TRANSFER OR ASSIGNMENT

Subject to all rules of this manual and any necessary adjustment of premium, an existing Homeowner Policy may be amended to reflect:

A. Transfer to another location within the same state; or

B. Assignment from one insured to another in the event of transfer of title of the dwelling. An application on the new owner must be submitted to the Home Office and approved by the Underwriting Department prior to the assignment being valid.

XIII. CANCELLATIONS

It shall not be permissible to cancel any of the mandatory coverages in the policy unless the entire policy is cancelled.

All cancellations shall be computed using the standard annual pro rata table.

If cancellation of the policy results in a return premium of $5 or less, no refund will be made except at the request of the insured, in which case the actual return premium shall be allowed.

XIV. PREMIUM DETERMINATION

A. Calculation of Adjusted Base Premium

In this order, multiply the base rate by the following if the adjustment is applicable. Round each individual adjustment to three decimal places. After all adjustments are applied, round to the nearest whole dollar.

1. Determine base rate from Base Rates table according to zone, protection class, and construction type.
2. Amount of Insurance factor.
3. Deductible Adjustment factor.
4. Utilities/Roof Rating Plan factor (Applies to Policy Forms 3 and 7).
5. Protective Device Credit factor.
6. Claim Free Plus factor.
7. Non-Weather Related Claims factor.
8. Log Home Surcharge factor (Applies to Policy Forms 3 and 7).

B. Total all miscellaneous and endorsement premium charges or credits except Earthquake Coverage, Equipment Breakdown Coverage, and the Stolen Identity Package. All miscellaneous and endorsement premiums are rounded to the nearest whole dollar. However, the minimum premium for any one endorsement is $1.

C. Subtotal by adding results in A and B.

D. Multiply Homeowners Advantage Discount by the subtotal obtained in C. Round to the nearest whole dollar.

E. Multiply TLC Discount by the subtotal obtained in C. Round to the nearest whole dollar.

F. Final premium is determined by adding to the premium in C the result in D and E above and the cost of Earthquake Coverage, Equipment Breakdown Coverage, and the Stolen Identity Package (rounded to the nearest whole dollar) if it applies.

XV. INTERPOLATION OF MANUAL PREMIUMS/FACTORS

The Amount of Insurance factor for a policy amount, in excess of the minimum policy amount, not shown in the Amount of Insurance Pages may be obtained by interpolation.

Method for Interpolation: A factor is desired for a policy amount of $52,000 which falls between $50,000 and $55,000 shown in the Amount of Insurance Pages.

	Policy Amounts Shown	Amount of Insurance Factors Shown		
(1)	$ 55,000	0.775		
	$ 50,000	0.725		
	$ 5,000 - Difference (Amount)	0.050	- Difference (Factor)	
(2)	$ 2,000 - Additional (Amount) x $ 5,000 - Difference (Amount)	0.050	- Difference (Factor)	= 0.020
(3)	0.725 (Factor for $50,000) 0.020 (Factor for additional $2,000) 0.745 (Factor for $52,000)			

A similar method for interpolation is used to determine deductible adjustments for policy amounts not shown in the Deductible Adjustment Pages. Deductible adjustments are rounded to the nearest whole percent, and then converted to a rating factor.

The premium adjustment for the reduction in Coverage C, Section I as permitted by these rules, and premiums for additional amounts or coverages for both Sections I and II of the policy may also be interpolated.

NOTE - When the premium is obtained by interpolation, the limits for Coverages B, C, D, Section I should be revised in relation to the basic limit of liability on the dwelling. (See Rule IV)

XVI. PREMIUM PAYMENT

A. **Easy Pay - *The Checkless Way*®** - Insureds may elect to pay their premium by automatic, electronic monthly withdrawals from a checking or savings account. An authorization form must be completed by the insured and submitted to the Home Office along with the minimum required down payment for a new business application. A down payment is required when initiating an Easy Pay Plan and when adding a policy to an existing Easy Pay Plan.

No installment charge is applied to Easy Pay withdrawals.

The minimum required down payment for a new business application is one month's premium (1/12th of the total term premium for twelve-month policies).

The down payment requirement for Easy Pay is waived in these circumstances:

1. If the insured account qualifies under Underwriting Payment Plan Eligibility Category I.
2. If the insured has been an auto or homeowner policyholder for one full year or more.
3. If, at renewal, the request is submitted 60 days in advance of the renewal, and the current term is paid in full.

Non-Bound Trial Application - No down payment should be collected for non-bound trial applications.

Other Methods of Payment

B. Cash with Application – All new business applications and reinstatement applications, where Easy Pay is not selected as the payment method or where the bill is to be paid by the mortgagee, must be sent to the Home Office accompanied by a down payment remittance. A remittance of $150 ($75 for Form 4 and Form 6) or one-half of the annual premium, whichever is greater, is required. If the remittance is less than the full amount due and the amount due is more than $25, a $5 installment charge will be applied.

Non-Bound Trial Application - No down payment should be collected for non-bound trial applications.

C. Renewal Payment - The renewal premium is due and payable to the Home Office on or before the policy expiration date. The policyholder may elect to pay the renewal premium in two or four installments. Each installment will include a $5 installment charge as shown on the renewal billing notice. If the amount due is less than $25, the installment charge will be waived.

D. Minimum Premium Rule - The total annual policy minimum premium for Form 3 and Form 7 is $150. For Form 4 and Form 6, the total annual policy minimum premium is $75. The minimum premium requirements exclude premium for the following endorsements: Earthquake, Earthquake Loss Assessment, Equipment Breakdown Coverage, and Stolen Identity Package.

XVII. POLICY CHANGES

If a policy is amended and results in a total amount due of $5 or less, such adjustment may be waived. For policies with no balance due, a return premium of $5 or less shall be allowed only at the insured's request.

XVIII. RATE CHANGES

A rate change, meaning any revision of premium, applicable to the Homeowner Program shall be made in accordance with the following procedures:

A. The effective date of such revision shall be announced.

B. The revision shall apply to any policy or endorsement in the manner outlined in the announcement of the revision.

C. An existing Homeowners Policy may not be endorsed during the current policy term to take advantage of an overall rate reduction.

D. The current forms and endorsements must apply to all items of the policy to which the premium revision applies, unless otherwise provided at the time the premium revision became effective.

XIX. INFLATION COVERAGE

Each year at the policy renewal, the Coverage A - Dwelling amount may be increased depending upon the building cost index for the geographical location for Forms 3 and 7.

For Forms 4 and 6, each year at the policy renewal, the Coverage C - Personal Property amount may be increased depending upon the personal property cost index for the specified area.

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
MISCELLANEOUS AND ENDORSEMENT COVERAGES INDEX

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I. Miscellaneous Coverages, Credits, and Charges

A. CA$H*BACK* FROM ANPAC®

Insureds who remain claim free on all automobile, motor home, camping trailer, 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$H*BACK* FROM ANPAC® enrollment date, will receive a 25% refund of their combined automobile, motor home, camping trailer, 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 trailer, travel trailer, motorcycle or recreational vehicle and one homeowner policy written in American National Property And Casualty Company will be enrolled in the CA$H*BACK* program. If any new policy is written in American National General Insurance Company, then the account will no longer qualify for CA$H*BACK* FROM ANPAC®.

2) All automobile, motor home, camping trailer, 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 trailer, 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$H*BACK* policies must be written in a state where the CA$H*BACK* program is available.

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

A) there have been no paid claims of any type including not-at-fault claims under any automobile, motor home, camping trailer, 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 trailer, travel trailer, motorcycle, or recreational vehicle and one homeowner policy written in American National Property And Casualty Company; and

C) the CA$H*BACK* policies are in a state where the CA$H*BACK* 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 trailer, 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$H*BACK* 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$H*BACK* 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$H*BACK* program, under any policy that is part of a CA$H*BACK* 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$H*BACK* 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$H*BACK* 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$H*BACK* program is terminated, insureds who later requalify will do so with a new CA$H*BACK* 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$H*BACK* 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:

<u>Heating</u>

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.

<u>Cooling</u>

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.

<u>Roof</u>

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, tin (terne), steel, or 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 72%.

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

A 10% 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 trailer, 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.

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**

A discount will be applied to the Homeowners Dwelling, Tenant, and Condominium policy when the appropriate automobile policy conditions, as outlined below, have been met by the account. The amount of the discount varies based on the length of time that the insured has had both their automobile and homeowners insurance with American National Property And Casualty Company. The following is a schedule of the discounts available:

Homeowners Advantage Months	Discount Percentage
0-11 months	21%
12-23 months	18%
24-35 months	14%
36 months or more	10%

Automobile Conditions: A qualifying automobile policy must be written in American National Property And Casualty Company.

- Camping trailers, travel trailers, utility trailers, motor homes, motorcycles, recreational vehicles, and Named Non-Owner auto policies do not qualify a homeowners 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 homeowners policy; or the qualifying new business automobile policy's effective date may not be greater than 90 days after the homeowners policy's effective date.

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 Form 3 Described Residence	Forms 4 & 6 Described Residence	Form 7 Described Residence	Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
$ 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 Form 3 Described Residence	Forms 4 & 6 Described Residence	Form 7 Described Residence	Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
$ 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).

Policy	Minimum Additional Premium
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:

$$\frac{\text{Replacement Cost Policy Amount Factor}}{\text{Desired Coverage Policy Amount Factor}} \times \frac{\text{Replacement Cost Deductible Amount Factor}}{\text{Desired Coverage Deductible Amount Factor}} \times \text{MRC Credit Factor} - 1$$

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

Replacement Cost Policy Amount Factor	Replacement Cost Deductible Amount Factor

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.

Policy Deductible	Premium
$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:

Policy Deductible	Premium
$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-92452 – BLANKET JEWELRY, WATCHES, AND FURS COVERAGE – $5,000**

This endorsement may be attached providing coverage for such items when the loss is caused by direct physical loss or damage, with a total limit of $5,000 per policy period. A $500 deductible applies for each covered occurrence.

This endorsement changes the Special Limits of Liability under Coverage C – Personal Property to $5,000 for theft of these items, regardless of the number of items lost.

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

The total limit of liability under this endorsement is $5,000 per policy period.

The additional premium for this coverage is $20.

Applicable to Policy Form 3, Form 4, and Form 6 Only.

Not applicable with the Supreme Protection Package (Platinum).

8. **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:

Policy Deductible	Premium
$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).

9. **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:

Policy Deductible	Premium
$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).

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 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.

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.

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:

	PREMIUM PER $1,000 FRAME								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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 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

	PREMIUM PER $1,000 ALL OTHERS								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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 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

<u>Zone Definitions</u>

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.

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.

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:

	PREMIUM PER $1,000 FRAME								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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

	PREMIUM PER $1,000 ALL OTHERS								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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.

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:

Limit of Liability	Premium Per $1,000 Coverage
First $5,000	$.50
Next $20,000	.25
Above $25,000	.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:

Policy Deductible	Premium
$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 and Form 7 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 $2.75 per $1,000 of insurance.

Applicable to Policy Form 3 and Form 7 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.

Amount of Coverage	Premium
$ 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).

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 $83.

Applicable to Policy Form 3, Form 6, and Form 7 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:

Additional Coverage Amount	Premium
$ 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, 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**.**

Policy Deductible	Premium
$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.

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).

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:

Zone 1

Home Completed and First Occupied	Premium
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

Home Completed and First Occupied	Premium
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).

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. ($500 deductible)
6. Dwelling Lock Replacement Coverage: Up to $500.
7. Limited Fungus Remediation Coverage: Up to $15,000. ($5,000 deductible)
8. Water Backup Coverage: Up to $20,000. ($5,000 deductible)

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

Home Completed and First Occupied	Premium
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

Home Completed and First Occupied	Premium
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).

27. **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).

28. **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:

Home Completed and First Occupied	Adjustment to Base Premium	
	Zone 1	Zone 2
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).

29. **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).

30. **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).

31. **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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Farm and Animal
$ 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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Classifications A, B, and C
$ 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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Exposures
$ 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.

Coverage E – Personal Liability Limits	Adjustment to Premium Incidental Exposures
$ 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.

Coverage E – Personal Liability Limits	Premium Adjustment
$ 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 Liability Limits	Premium Adjustment Form 4 Only 3 Family Dwelling	Premium Adjustment Form 4 Only 4 Family Dwelling
$ 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 Payments Limits	Premium Adjustment Form 4 Only 3 Family Dwelling	Premium Adjustment Form 4 Only 4 Family Dwelling
$ 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 Liability Limits	Adjustment to Premium Rented to Others 1 Family	Rented to Others 2 Family	Rented to Others 3 Family	Rented to Others 4 Family
$ 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 Payments Limits	Adjustment to Premium Rented to Others 1 Family	Rented to Others 2 Family	Rented to Others 3 Family	Rented to Others 4 Family
$ 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:

Limit	Premium
$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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Occupancy on Premises
$ 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 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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02413	02413	02413	02495	02495	02859	03359	04018	05009	06740
002	02452	02452	02452	02535	02535	02906	03413	04083	05090	06848
003	03647	03647	03647	03771	03771	04322	05077	06072	07571	10186
004	02882	02882	02882	02980	02980	03415	04012	04799	05983	08049
005	02737	02737	02737	02830	02830	03243	03810	04557	05682	07644
006	02933	02933	02933	03033	03033	03476	04083	04883	06089	08192
007	03074	03074	03074	03179	03179	03643	04279	05118	06382	08586
008	02697	02697	02697	02789	02789	03196	03754	04491	05599	07533
009	02865	02865	02865	02962	02962	03395	03988	04770	05948	08002
010	03187	03187	03187	03295	03295	03777	04436	05306	06616	08901
012	03034	03034	03034	03137	03137	03595	04223	05052	06299	08474
017	02448	02448	02448	02531	02531	02901	03408	04076	05082	06837
024	02756	02756	02756	02850	02850	03266	03836	04589	05721	07698
026	02617	02617	02617	02706	02706	03101	03643	04357	05433	07309
033	03194	03194	03194	03303	03303	03785	04446	05318	06631	08921
037	02544	02544	02544	02630	02630	03015	03541	04236	05281	07105
038	02464	02464	02464	02548	02548	02920	03430	04103	05115	06882
039	02721	02721	02721	02814	02814	03224	03788	04530	05649	07600
040	02250	02250	02250	02327	02327	02666	03132	03746	04671	06284
041	02967	02967	02967	03068	03068	03516	04130	04940	06159	08287
042	02767	02767	02767	02861	02861	03279	03852	04607	05744	07728
043	02762	02762	02762	02856	02856	03273	03845	04599	05734	07714
044	02617	02617	02617	02706	02706	03101	03643	04357	05433	07309

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02010	02010	02010	02078	02078	02382	02798	03347	04173	05614
002	02043	02043	02043	02112	02112	02420	02843	03401	04240	05705
003	03038	03038	03038	03141	03141	03600	04229	05058	06307	08485
004	02401	02401	02401	02482	02482	02845	03342	03997	04984	06705
005	02280	02280	02280	02357	02357	02702	03174	03796	04733	06368
006	02443	02443	02443	02526	02526	02895	03401	04068	05072	06824
007	02561	02561	02561	02648	02648	03034	03564	04263	05316	07152
008	02247	02247	02247	02323	02323	02662	03127	03741	04664	06275
009	02387	02387	02387	02468	02468	02828	03322	03974	04954	06666
010	02655	02655	02655	02745	02745	03146	03695	04420	05511	07415
012	02527	02527	02527	02613	02613	02995	03518	04208	05247	07059
017	02039	02039	02039	02109	02109	02416	02839	03395	04233	05695
024	02296	02296	02296	02374	02374	02720	03196	03822	04766	06412
026	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089
033	02661	02661	02661	02751	02751	03153	03704	04430	05523	07431
037	02119	02119	02119	02191	02191	02511	02950	03528	04399	05919
038	02053	02053	02053	02122	02122	02432	02857	03417	04261	05733
039	02267	02267	02267	02344	02344	02686	03155	03774	04705	06331
040	01874	01874	01874	01938	01938	02221	02609	03121	03891	05235
041	02472	02472	02472	02556	02556	02929	03440	04115	05131	06903
042	02305	02305	02305	02383	02383	02731	03208	03838	04785	06438
043	02301	02301	02301	02379	02379	02726	03203	03831	04776	06426
044	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02010	02010	02010	02078	02078	02382	02798	03347	04173	05614
002	02043	02043	02043	02112	02112	02420	02843	03401	04240	05705
003	03038	03038	03038	03141	03141	03600	04229	05058	06307	08485
004	02401	02401	02401	02482	02482	02845	03342	03997	04984	06705
005	02280	02280	02280	02357	02357	02702	03174	03796	04733	06368
006	02443	02443	02443	02526	02526	02895	03401	04068	05072	06824
007	02561	02561	02561	02648	02648	03034	03564	04263	05316	07152
008	02247	02247	02247	02323	02323	02662	03127	03741	04664	06275
009	02387	02387	02387	02468	02468	02828	03322	03974	04954	06666
010	02655	02655	02655	02745	02745	03146	03695	04420	05511	07415
012	02527	02527	02527	02613	02613	02995	03518	04208	05247	07059
017	02039	02039	02039	02109	02109	02416	02839	03395	04233	05695
024	02296	02296	02296	02374	02374	02720	03196	03822	04766	06412
026	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089
033	02661	02661	02661	02751	02751	03153	03704	04430	05523	07431
037	02119	02119	02119	02191	02191	02511	02950	03528	04399	05919
038	02053	02053	02053	02122	02122	02432	02857	03417	04261	05733
039	02267	02267	02267	02344	02344	02686	03155	03774	04705	06331
040	01874	01874	01874	01938	01938	02221	02609	03121	03891	05235
041	02472	02472	02472	02556	02556	02929	03440	04115	05131	06903
042	02305	02305	02305	02383	02383	02731	03208	03838	04785	06438
043	02301	02301	02301	02379	02379	02726	03203	03831	04776	06426
044	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02413	02413	02413	02495	02495	02859	03359	04018	05009	06740
002	02452	02452	02452	02535	02535	02906	03413	04083	05090	06848
003	03647	03647	03647	03771	03771	04322	05077	06072	07571	10186
004	02882	02882	02882	02980	02980	03415	04012	04799	05983	08049
005	02737	02737	02737	02830	02830	03243	03810	04557	05682	07644
006	02933	02933	02933	03033	03033	03476	04083	04883	06089	08192
007	03074	03074	03074	03179	03179	03643	04279	05118	06382	08586
008	02697	02697	02697	02789	02789	03196	03754	04491	05599	07533
009	02865	02865	02865	02962	02962	03395	03988	04770	05948	08002
010	03187	03187	03187	03295	03295	03777	04436	05306	06616	08901
012	03034	03034	03034	03137	03137	03595	04223	05052	06299	08474
017	02448	02448	02448	02531	02531	02901	03408	04076	05082	06837
024	02756	02756	02756	02850	02850	03266	03836	04589	05721	07698
026	02617	02617	02617	02706	02706	03101	03643	04357	05433	07309
033	03194	03194	03194	03303	03303	03785	04446	05318	06631	08921
037	02544	02544	02544	02630	02630	03015	03541	04236	05281	07105
038	02464	02464	02464	02548	02548	02920	03430	04103	05115	06882
039	02721	02721	02721	02814	02814	03224	03788	04530	05649	07600
040	02250	02250	02250	02327	02327	02666	03132	03746	04671	06284
041	02967	02967	02967	03068	03068	03516	04130	04940	06159	08287
042	02767	02767	02767	02861	02861	03279	03852	04607	05744	07728
043	02762	02762	02762	02856	02856	03273	03845	04599	05734	07714
044	02617	02617	02617	02706	02706	03101	03643	04357	05433	07309

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02010	02010	02010	02078	02078	02382	02798	03347	04173	05614
002	02043	02043	02043	02112	02112	02420	02843	03401	04240	05705
003	03038	03038	03038	03141	03141	03600	04229	05058	06307	08485
004	02401	02401	02401	02482	02482	02845	03342	03997	04984	06705
005	02280	02280	02280	02357	02357	02702	03174	03796	04733	06368
006	02443	02443	02443	02526	02526	02895	03401	04068	05072	06824
007	02561	02561	02561	02648	02648	03034	03564	04263	05316	07152
008	02247	02247	02247	02323	02323	02662	03127	03741	04664	06275
009	02387	02387	02387	02468	02468	02828	03322	03974	04954	06666
010	02655	02655	02655	02745	02745	03146	03695	04420	05511	07415
012	02527	02527	02527	02613	02613	02995	03518	04208	05247	07059
017	02039	02039	02039	02109	02109	02416	02839	03395	04233	05695
024	02296	02296	02296	02374	02374	02720	03196	03822	04766	06412
026	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089
033	02661	02661	02661	02751	02751	03153	03704	04430	05523	07431
037	02119	02119	02119	02191	02191	02511	02950	03528	04399	05919
038	02053	02053	02053	02122	02122	02432	02857	03417	04261	05733
039	02267	02267	02267	02344	02344	02686	03155	03774	04705	06331
040	01874	01874	01874	01938	01938	02221	02609	03121	03891	05235
041	02472	02472	02472	02556	02556	02929	03440	04115	05131	06903
042	02305	02305	02305	02383	02383	02731	03208	03838	04785	06438
043	02301	02301	02301	02379	02379	02726	03203	03831	04776	06426
044	02180	02180	02180	02254	02254	02583	03035	03630	04526	06089

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
002	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
003	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
004	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
005	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
006	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
007	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
008	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
009	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
010	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
012	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
017	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
024	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
026	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
033	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
037	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
038	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
039	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
040	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
041	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
042	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
043	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
044	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
002	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
003	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
004	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
005	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
006	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
007	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
008	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
009	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
010	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
012	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
017	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
024	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
026	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
033	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
037	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
038	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
039	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
040	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
041	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
042	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
043	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
044	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
002	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
003	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
004	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
005	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
006	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
007	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
008	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
009	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
010	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
012	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
017	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
024	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
026	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
033	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
037	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
038	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
039	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
040	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
041	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
042	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
043	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
044	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
002	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
003	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
004	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
005	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
006	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
007	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
008	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
009	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
010	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
012	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
017	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
024	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
026	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
033	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
037	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
038	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
039	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
040	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
041	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
042	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
043	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
044	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02823	02823	02823	02919	02919	03346	03930	04701	05861	07885
002	02869	02869	02869	02966	02966	03400	03993	04777	05956	08013
003	04267	04267	04267	04412	04412	05056	05940	07105	08858	11918
004	03372	03372	03372	03487	03487	03996	04694	05614	07000	09418
005	03202	03202	03202	03311	03311	03795	04458	05332	06648	08944
006	03432	03432	03432	03548	03548	04066	04777	05714	07124	09584
007	03597	03597	03597	03719	03719	04262	05006	05988	07467	10045
008	03155	03155	03155	03263	03263	03739	04392	05254	06551	08813
009	03352	03352	03352	03466	03466	03972	04666	05581	06959	09362
010	03729	03729	03729	03856	03856	04419	05190	06208	07741	10415
012	03550	03550	03550	03670	03670	04206	04941	05910	07369	09915
017	02864	02864	02864	02962	02962	03394	03987	04769	05946	08000
024	03225	03225	03225	03334	03334	03821	04489	05369	06694	09006
026	03062	03062	03062	03166	03166	03628	04262	05098	06356	08552
033	03737	03737	03737	03864	03864	04428	05202	06222	07758	10437
037	02976	02976	02976	03078	03078	03527	04143	04956	06179	08313
038	02883	02883	02883	02981	02981	03416	04013	04800	05985	08052
039	03184	03184	03184	03292	03292	03773	04432	05301	06609	08892
040	02633	02633	02633	02722	02722	03120	03664	04383	05465	07353
041	03471	03471	03471	03589	03589	04114	04832	05780	07207	09696
042	03237	03237	03237	03347	03347	03836	04506	05390	06721	09042
043	03232	03232	03232	03341	03341	03829	04498	05381	06709	09026
044	03062	03062	03062	03166	03166	03628	04262	05098	06356	08552

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02352	02352	02352	02432	02432	02787	03274	03916	04882	06568
002	02390	02390	02390	02471	02471	02832	03327	03979	04961	06675
003	03554	03554	03554	03675	03675	04212	04948	05918	07379	09927
004	02809	02809	02809	02904	02904	03328	03910	04677	05831	07845
005	02668	02668	02668	02758	02758	03161	03713	04441	05538	07450
006	02859	02859	02859	02956	02956	03387	03979	04759	05934	07984
007	02996	02996	02996	03098	03098	03550	04170	04988	06220	08368
008	02629	02629	02629	02718	02718	03115	03659	04376	05457	07341
009	02792	02792	02792	02887	02887	03309	03887	04649	05797	07799
010	03106	03106	03106	03212	03212	03681	04324	05172	06448	08675
012	02957	02957	02957	03058	03058	03504	04116	04923	06139	08259
017	02386	02386	02386	02467	02467	02827	03321	03972	04953	06664
024	02686	02686	02686	02777	02777	03183	03739	04472	05576	07502
026	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124
033	03113	03113	03113	03219	03219	03689	04333	05183	06462	08694
037	02479	02479	02479	02564	02564	02938	03451	04128	05147	06925
038	02401	02401	02401	02483	02483	02846	03343	03998	04985	06707
039	02652	02652	02652	02742	02742	03143	03691	04415	05505	07407
040	02193	02193	02193	02267	02267	02599	03052	03651	04552	06125
041	02892	02892	02892	02990	02990	03427	04025	04815	06003	08076
042	02697	02697	02697	02788	02788	03196	03754	04490	05598	07532
043	02692	02692	02692	02783	02783	03190	03747	04482	05588	07518
044	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02352	02352	02352	02432	02432	02787	03274	03916	04882	06568
002	02390	02390	02390	02471	02471	02832	03327	03979	04961	06675
003	03554	03554	03554	03675	03675	04212	04948	05918	07379	09927
004	02809	02809	02809	02904	02904	03328	03910	04677	05831	07845
005	02668	02668	02668	02758	02758	03161	03713	04441	05538	07450
006	02859	02859	02859	02956	02956	03387	03979	04759	05934	07984
007	02996	02996	02996	03098	03098	03550	04170	04988	06220	08368
008	02629	02629	02629	02718	02718	03115	03659	04376	05457	07341
009	02792	02792	02792	02887	02887	03309	03887	04649	05797	07799
010	03106	03106	03106	03212	03212	03681	04324	05172	06448	08675
012	02957	02957	02957	03058	03058	03504	04116	04923	06139	08259
017	02386	02386	02386	02467	02467	02827	03321	03972	04953	06664
024	02686	02686	02686	02777	02777	03183	03739	04472	05576	07502
026	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124
033	03113	03113	03113	03219	03219	03689	04333	05183	06462	08694
037	02479	02479	02479	02564	02564	02938	03451	04128	05147	06925
038	02401	02401	02401	02483	02483	02846	03343	03998	04985	06707
039	02652	02652	02652	02742	02742	03143	03691	04415	05505	07407
040	02193	02193	02193	02267	02267	02599	03052	03651	04552	06125
041	02892	02892	02892	02990	02990	03427	04025	04815	06003	08076
042	02697	02697	02697	02788	02788	03196	03754	04490	05598	07532
043	02692	02692	02692	02783	02783	03190	03747	04482	05588	07518
044	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02823	02823	02823	02919	02919	03346	03930	04701	05861	07885
002	02869	02869	02869	02966	02966	03400	03993	04777	05956	08013
003	04267	04267	04267	04412	04412	05056	05940	07105	08858	11918
004	03372	03372	03372	03487	03487	03996	04694	05614	07000	09418
005	03202	03202	03202	03311	03311	03795	04458	05332	06648	08944
006	03432	03432	03432	03548	03548	04066	04777	05714	07124	09584
007	03597	03597	03597	03719	03719	04262	05006	05988	07467	10045
008	03155	03155	03155	03263	03263	03739	04392	05254	06551	08813
009	03352	03352	03352	03466	03466	03972	04666	05581	06959	09362
010	03729	03729	03729	03856	03856	04419	05190	06208	07741	10415
012	03550	03550	03550	03670	03670	04206	04941	05910	07369	09915
017	02864	02864	02864	02962	02962	03394	03987	04769	05946	08000
024	03225	03225	03225	03334	03334	03821	04489	05369	06694	09006
026	03062	03062	03062	03166	03166	03628	04262	05098	06356	08552
033	03737	03737	03737	03864	03864	04428	05202	06222	07758	10437
037	02976	02976	02976	03078	03078	03527	04143	04956	06179	08313
038	02883	02883	02883	02981	02981	03416	04013	04800	05985	08052
039	03184	03184	03184	03292	03292	03773	04432	05301	06609	08892
040	02633	02633	02633	02722	02722	03120	03664	04383	05465	07353
041	03471	03471	03471	03589	03589	04114	04832	05780	07207	09696
042	03237	03237	03237	03347	03347	03836	04506	05390	06721	09042
043	03232	03232	03232	03341	03341	03829	04498	05381	06709	09026
044	03062	03062	03062	03166	03166	03628	04262	05098	06356	08552

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02352	02352	02352	02432	02432	02787	03274	03916	04882	06568
002	02390	02390	02390	02471	02471	02832	03327	03979	04961	06675
003	03554	03554	03554	03675	03675	04212	04948	05918	07379	09927
004	02809	02809	02809	02904	02904	03328	03910	04677	05831	07845
005	02668	02668	02668	02758	02758	03161	03713	04441	05538	07450
006	02859	02859	02859	02956	02956	03387	03979	04759	05934	07984
007	02996	02996	02996	03098	03098	03550	04170	04988	06220	08368
008	02629	02629	02629	02718	02718	03115	03659	04376	05457	07341
009	02792	02792	02792	02887	02887	03309	03887	04649	05797	07799
010	03106	03106	03106	03212	03212	03681	04324	05172	06448	08675
012	02957	02957	02957	03058	03058	03504	04116	04923	06139	08259
017	02386	02386	02386	02467	02467	02827	03321	03972	04953	06664
024	02686	02686	02686	02777	02777	03183	03739	04472	05576	07502
026	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124
033	03113	03113	03113	03219	03219	03689	04333	05183	06462	08694
037	02479	02479	02479	02564	02564	02938	03451	04128	05147	06925
038	02401	02401	02401	02483	02483	02846	03343	03998	04985	06707
039	02652	02652	02652	02742	02742	03143	03691	04415	05505	07407
040	02193	02193	02193	02267	02267	02599	03052	03651	04552	06125
041	02892	02892	02892	02990	02990	03427	04025	04815	06003	08076
042	02697	02697	02697	02788	02788	03196	03754	04490	05598	07532
043	02692	02692	02692	02783	02783	03190	03747	04482	05588	07518
044	02551	02551	02551	02637	02637	03022	03550	04247	05295	07124

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
15,000	0.450	220,000	1.365
20,000	0.469	225,000	1.390
25,000	0.488	230,000	1.414
30,000	0.507	235,000	1.439
35,000	0.525	240,000	1.463
40,000	0.544	245,000	1.485
45,000	0.563	250,000	1.507
50,000	0.582	260,000	1.549
55,000	0.601	270,000	1.591
60,000	0.620	280,000	1.639
65,000	0.639	290,000	1.687
70,000	0.658	300,000	1.721
75,000	0.676	350,000	1.911
80,000	0.695	400,000	2.102
85,000	0.714	450,000	2.294
90,000	0.733	500,000	2.500
95,000	0.751	550,000	2.699
100,000	0.769	600,000	2.897
105,000	0.795	650,000	3.096
110,000	0.821	700,000	3.284
115,000	0.839	750,000	3.482
120,000	0.866	800,000	3.680
125,000	0.893	850,000	3.877
130,000	0.910	900,000	4.075
135,000	0.937	950,000	4.273
140,000	0.955	1,000,000	4.470
145,000	0.982	1,100,000	4.865
150,000	1.000	1,200,000	5.261
155,000	1.028	1,300,000	5.656
160,000	1.054	1,400,000	6.029
165,000	1.081	1,500,000	6.423
170,000	1.107	1,600,000	6.816
175,000	1.134	1,700,000	7.211
180,000	1.161	1,800,000	7.605
185,000	1.187	1,900,000	7.999
190,000	1.213	2,000,000	8.394
195,000	1.239	2,100,000	8.788
200,000	1.265	2,200,000	9.183
205,000	1.290	2,300,000	9.578
210,000	1.315	2,400,000	9.974
215,000	1.340	2,500,000	10.369
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
60,000	0.620	245,000	1.485
65,000	0.639	250,000	1.507
70,000	0.658	260,000	1.549
75,000	0.676	270,000	1.591
80,000	0.695	280,000	1.639
85,000	0.714	290,000	1.687
90,000	0.733	300,000	1.721
95,000	0.751	350,000	1.911
100,000	0.769	400,000	2.102
105,000	0.795	450,000	2.294
110,000	0.821	500,000	2.500
115,000	0.839	550,000	2.699
120,000	0.866	600,000	2.897
125,000	0.893	650,000	3.096
130,000	0.910	700,000	3.284
135,000	0.937	750,000	3.482
140,000	0.955	800,000	3.680
145,000	0.982	850,000	3.877
150,000	1.000	900,000	4.075
155,000	1.028	950,000	4.273
160,000	1.054	1,000,000	4.470
165,000	1.081	1,100,000	4.865
170,000	1.107	1,200,000	5.261
175,000	1.134	1,300,000	5.656
180,000	1.161	1,400,000	6.029
185,000	1.187	1,500,000	6.423
190,000	1.213	1,600,000	6.816
195,000	1.239	1,700,000	7.211
200,000	1.265	1,800,000	7.605
205,000	1.290	1,900,000	7.999
210,000	1.315	2,000,000	8.394
215,000	1.340	2,100,000	8.788
220,000	1.365	2,200,000	9.183
225,000	1.390	2,300,000	9.578
230,000	1.414	2,400,000	9.974
235,000	1.439	2,500,000	10.369
240,000	1.463		
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT
NON-WIND/HAIL

WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril					
	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT
NON-WIND/HAIL

WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

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AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLES - SPECIAL EXCEPTIONS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500 All Peril
15,000 & UNDER	0.09
20,000	0.09
25,000	0.08
30,000	0.08
35,000	0.08
40,000	0.07
45,000	0.07
50,000	0.07
55,000	0.07
60,000	0.06
65,000	0.06
70,000	0.06
75,000	0.06
80,000	0.06
85,000	0.06
90,000	0.05
95,000	0.05
100,000	0.05
105,000	0.05
110,000	0.05
115,000	0.05
120,000	0.05
125,000	0.04
130,000	0.04
135,000	0.04
140,000	0.04
145,000	0.04
150,000	0.04
155,000	0.04
160,000	0.04
165,000	0.04
170,000	0.04
175,000	0.03
200,000	0.03
250,000	0.03
300,000	0.02
350,000	0.02
400,000	0.02
500,000	0.02
600,000	0.01
750,000	0.01
1,000,000	0.01
1,500,000	0.01
2,000,000	0.01
2,500,000 & OVER	0.01

MINIMUM DEDUCT

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

<u>THIS OPTION IS AVAILABLE ONLY FOR RENEWALS THAT ALREADY HAVE THIS DEDUCTIBLE</u>

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLES - SPECIAL EXCEPTIONS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500 All Peril
15,000 & UNDER	0.09
20,000	0.09
25,000	0.08
30,000	0.08
35,000	0.08
40,000	0.07
45,000	0.07
50,000	0.07
55,000	0.07
60,000	0.06
65,000	0.06
70,000	0.06
75,000	0.06
80,000	0.06
85,000	0.06
90,000	0.05
95,000	0.05
100,000	0.05
105,000	0.05
110,000	0.05
115,000	0.05
120,000	0.05
125,000	0.04
130,000	0.04
135,000	0.04
140,000	0.04
145,000	0.04
150,000	0.04
155,000	0.04
160,000	0.04
165,000	0.04
170,000	0.04
175,000	0.03
200,000	0.03
250,000	0.03
300,000	0.02
350,000	0.02
400,000	0.02
500,000	0.02
600,000	0.01
750,000	0.01
1,000,000	0.01
1,500,000	0.01
2,000,000	0.01
2,500,000 & OVER	0.01

MINIMUM DEDUCT

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

THIS OPTION IS AVAILABLE ONLY FOR RENEWALS THAT ALREADY HAVE THIS DEDUCTIBLE

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS PROGRAM
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AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS POLICY PROGRAM
GENERAL RULES

I. GENERAL INSTRUCTIONS

The Homeowners Policy Program provides property and liability coverages, using the forms and endorsements which are filed by the Company. This manual contains the rules and classifications governing the writing of the Homeowners Policy. The rules, forms, and endorsements filed by the Company for each coverage shall govern in all cases.

II. ELIGIBILITY

A. **Form 3** - A Homeowners Policy may be issued:

1. To an owner-occupant of a one- or two-family dwelling which is used exclusively for private residential purposes (except permitted incidental occupancies); or
2. To cover dwellings in the course of construction, provided the policy is issued only in the name of the intended owner-occupant of the dwelling, subject to all rules and premiums contained in this manual; or
3. To a purchaser-occupant who has entered into a long-term installment contract for the purchase of the dwelling and who occupies the dwelling but to whom title does not pass from the seller until all the terms of the installment contract have been satisfied. The seller retains title until completion of the payments and in no way acts as a mortgagee. The seller's interest in the building and premises liability may be covered by attaching the Additional Insured endorsement.

B. **Contents Form 4 and Condominium Unit-Owners Form 6.**

1. Form 4 may be issued to the tenant (non-owner) of a dwelling or an apartment not eligible for a Homeowners Policy provided:

   a. The residence premises must be occupied by the insured exclusively for residential purposes, except when an incidental office, professional, private school, or studio occupancy is permitted.

   b. The residence premises cannot be occupied by more than one family unless a separate policy is written on each family. There is a two-family limit for each residence.

2. Form 6 may be issued to the owner of a Condominium Unit which is used exclusively for residential purposes, except when an incidental office, professional, private school, or studio occupancy is permitted. Such a unit cannot be occupied by more than one family. There must be in force a master policy covering the building real property exposure.

C. When a one- or two-family dwelling is occupied by co-owners, a Homeowners Policy providing coverage may be issued in the name of both co-owner occupants of the dwelling.

D. A Homeowners Policy shall not be issued to cover any property to which farm forms or rates apply under the rules filed by the Company.

E. A Homeowners Policy shall not be issued to cover any modular (except as explicitly permitted in the New Business Underwriting Guidelines), manufactured home, trailer home, or house trailer whether or not set on blocks, foundations, or otherwise made stationary.

III. POLICY FORMS AND DESCRIPTION OF COVERAGE

The following is a general description of the coverages provided by the individual Homeowners Forms. The policy and forms should be consulted for exact contract conditions.

A. Section I Coverages - Physical Damage
Coverage A - Dwelling
Coverage B - Other Structures
Coverage C - Personal Property
Coverage D - Loss of Use

1. **Form 3 - Special Form.** Covers dwelling, other structures, and loss of use against risks of direct physical loss, with certain exceptions. Personal property is covered for the following perils:

Fire or Lightning	Theft
Windstorm or Hail	Falling Objects
Explosion	Weight of Ice, Snow, or Sleet
Riot or Civil Commotion	Sudden and Accidental Tearing Asunder of a Heating System or Appliance
Aircraft	Accidental Discharge of Water or Steam
Vehicles	Freezing of Plumbing Systems
Smoke	Sudden and Accidental Damage from Electrical Current
Vandalism or Malicious Mischief	
Breakage of Glass or Safety Glazing Material	

2. **Form 4 - Contents Form.** Covers personal property, including the insured's interest in building additions and alterations, and loss of use against loss by the same perils for personal property as provided in Form 3 - Special Form.

3. **Form 6 - Condominium Unit-Owners Form.** Covers personal property, including the insured's interest in building additions and alterations, and loss of use against loss caused by the same perils for personal property as provided in Form 3 - Special Form.

B. Section II Coverages - Liability - All Forms

1. **Coverage E - Personal Liability** - Covers payment on behalf of any insured all sums which the insured shall become legally obligated to pay as damages because of bodily injury or property damage occurring on the insured's premises or resulting from personal activities.

2. **Coverage F - Medical Payments to Others** – Covers medical expenses incurred by persons, other than the insured, who sustain bodily injury caused by an accident occurring on the insured's premises or resulting from personal activities.

IV. LIMITS OF LIABILITY

A. The basic limits of liability under the Homeowners Policy are:

Section I Coverages	Form 3	Form 4	Form 6
Cov. A - Dwelling	Limit selected	N/A	Minimum $1,000
Cov. B - Other Structures	10% of limit on dwelling	N/A	N/A
Cov. C - Personal Prop.	50% of limit on dwelling	Limit selected	Limit selected
Cov. D - Loss of Use	20% of limit on dwelling*	20% of limit on pers. prop.	40% of limit on pers. prop.

* Subject to a monthly maximum of 2% of Coverage A.

Section II Coverages		Form 3	Form 4 & Form 6
Cov. E – Personal Liability	Each occurrence	$300,000	$100,000
Cov. F – Medical Payments to Others	Each person	$2,000	$1,000

B. Form 3 - Under Coverage B of Section I, an additional amount of insurance may be written on a specific structure.

C. Form 3 - Under Coverage C of Section I, it is permissible to reduce the limit of liability to an amount not less than 40% of the limit on the Dwelling.

D. Form 6 - Provides the following coverage enhancements:

1. Off premises Boat Dock ($2,500).
2. Personal Property Replacement Cost Coverage.
3. Debris Removal of Trees, Shrubs or Plants.
4. Credit Card and Counterfeit Money - $2,500 Limit.
5. Accidental Discharge of Water From a Water Bed.
6. Accidental Death benefit for on premises accident ($1,000).
7. Physical Damage to Property of Others - $1,000 per occurrence.

V. MANDATORY COVERAGES

A. It is mandatory that insurance be written for all coverages provided under both Sections I and II of the Homeowners Policy.

B. The Additional Insured endorsement is required to extend coverage for the building and for premises liability to cover the interest of a non-occupant joint owner.

C. Section II of the policy requires coverage for the following exposures and the additional premium developed from the Premium Section of the manual must be charged when such exposures exist:

1. All additional residence premises where the named insured or spouse maintains a residence, other than a business or farm property;

2. Incidental office, professional, private school, or studio occupancies by the insured on residential premises of the insured.

VI. SECONDARY RESIDENCE PREMISES

When a secondary residence occupied by the insured qualifies for Homeowners coverage, a separate policy must be issued. The separate policy must include both Section I and Section II coverages.

VII. CONSTRUCTION DEFINITIONS

Note: Mixed Construction – A dwelling shall be classified as frame where the total exterior wall area exceeds 33 1/3% of frame construction. Otherwise, classify as Masonry Veneer.

A. Frame - A dwelling with exterior walls of combustible construction, including walls with wood, metal, stucco, or metal lath and plaster on combustible supports.

B. Masonry Veneer - A dwelling with exterior walls of combustible construction usually wood frame, veneered with masonry materials (brick or stone).

C. Masonry - A dwelling with exterior walls of solid brick, concrete, gypsum block, hollow concrete block, adobe, stone, tile, or similar noncombustible materials; however, floors and roof are constructed of combustible material (disregard floors directly on the ground).

D. Siding – A dwelling with exterior walls of combustible construction, including walls with Vinyl, Steel, Aluminum, or Wood Siding on combustible supports.

E. Fire Resistive - A dwelling with exterior walls, floors, and roof constructed **entirely** of masonry or fire resistive materials and **supported** by metal, asbestos, gypsum or other like material. Materials with a Fire Resistance Rating of not less than one hour are considered fire resistive. A dwelling of wood frame construction is not Fire Resistive.

VIII. PROTECTION CLASS DETERMINATION

All policies shall be rated according to the protection classifications provided by the Insurance Services Office. Any exceptions are shown in the state exception pages.

IX. CHANGE IN PROTECTION CLASS

If there is a change in the Protection Class that affects the rate on an existing policy, the premium shall not be adjusted until the first subsequent renewal.

Exception: At the insured's request, existing policies in effect not more than 45 days prior to the effective date of the protection class change may be adjusted on a pro rata basis to the new premium on or after the effective date.

X. POLICY TERM

The Homeowners Policy is a continuous renewal policy written for a term of one year. Short term policies may be written for purposes of obtaining a policy expiration date at the request of the mortgagee. All premiums contained in the premium section of this manual are annual premiums. The premium for a policy term of less than one year shall be pro rata of the annual premium.

The policy is extended for successive policy terms by payment of the required continuation premium for each successive policy term based upon the premiums in effect on the renewal date. The Company shall, on each renewal date, furnish the named insured any form revisions applicable to the coverages to be continued in force.

XI. CHANGES IN LIMITS OR COVERAGES

The limits of liability may be increased or decreased or coverages may be added during the term of the policy. The adjusted premium is computed on a pro rata basis subject to all the manual rules.

Any policy change that takes place during the term of the policy will be shown by an Amended Declaration.

XII. TRANSFER OR ASSIGNMENT

Subject to all rules of this manual and any necessary adjustment of premium, an existing Homeowner Policy may be amended to reflect:

A. Transfer to another location within the same state; or

B. Assignment from one insured to another in the event of transfer of title of the dwelling. An application on the new owner must be submitted to the Home Office and approved by the Underwriting Department prior to the assignment being valid.

XIII. CANCELLATIONS

It shall not be permissible to cancel any of the mandatory coverages in the policy unless the entire policy is cancelled.

All cancellations shall be computed using the standard annual pro rata table.

If cancellation of the policy results in a return premium of $5 or less, no refund will be made except at the request of the insured, in which case the actual return premium shall be allowed.

XIV. PREMIUM DETERMINATION

A. Calculation of Adjusted Base Premium

In this order, multiply the base rate by the following if the adjustment is applicable. Round each individual adjustment to three decimal places. After all adjustments are applied, round to the nearest whole dollar.

1. Determine base rate from Base Rates table according to zone, protection class, and construction type.
2. Amount of Insurance factor.
3. Deductible Adjustment factor.
4. Utilities/Roof Rating Plan factor (Applies to Policy Form 3).
5. Protective Device Credit factor.
6. Claim Free Plus factor.
7. Non-Weather Related Claims factor
8. Log Home Surcharge factor (Applies to Policy Form 3).

B. Total all miscellaneous and endorsement premium charges or credits except Earthquake Coverage, Equipment Breakdown Coverage, and the Stolen Identity Package. All miscellaneous and endorsement premiums are rounded to the nearest whole dollar. However, the minimum premium for any one endorsement is $1.

C. Subtotal by adding results in A and B.

D. Multiply Auto-Home Discount (applies to Policy Forms 3 and 6 only) by the subtotal obtained in C. Round to the nearest whole dollar.

E. Multiply TLC Discount by the subtotal obtained in C. Round to the nearest whole dollar.

F. Final premium is determined by adding to the premium in C the result in D and E above and the cost of Earthquake Coverage , Equipment Breakdown Coverage, and the Stolen Identity Package (rounded to the nearest whole dollar) if it applies.

XV. INTERPOLATION OF MANUAL PREMIUMS/FACTORS

The Amount of Insurance factor for a policy amount, in excess of the minimum policy amount, not shown in the Amount of Insurance Pages may be obtained by interpolation.

Method for Interpolation: A factor is desired for a policy amount of $52,000 which falls between $50,000 and $55,000 shown in the Amount of Insurance Pages.

	Policy Amounts Shown	Amount of Insurance Factors Shown	
(1)	$ 55,000	0.775	
	$ 50,000	0.725	
	$ 5,000 - Difference (Amount)	0.050	- Difference (Factor)
(2)	$ 2,000 - Additional (Amount) x	0.050	- Difference (Factor) = 0.020
	$ 5,000 - Difference (Amount)		
(3)	0.725 (Factor for $50,000)		
	0.020 (Factor for additional $2,000)		
	0.745 (Factor for $52,000)		

A similar method for interpolation is used to determine deductible adjustments for policy amounts not shown in the Deductible Adjustment Pages. Deductible adjustments are rounded to the nearest whole percent, and then converted to a rating factor.

The premium adjustment for the reduction in Coverage C, Section I as permitted by these rules, and premiums for additional amounts or coverages for both Sections I and II of the policy may also be interpolated.

NOTE - When the premium is obtained by interpolation, the limits for Coverages B, C, D, Section I should be revised in relation to the basic limit of liability on the dwelling. (See Rule IV)

XVI. PREMIUM PAYMENT

A. **Easy Pay - *The Checkless Way*®** - Insureds may elect to pay their premium by automatic, electronic monthly withdrawals from a checking or savings account. An authorization form must be completed by the insured and submitted to the Home Office along with the minimum required down payment for a new business application. A down payment is required when initiating an Easy Pay Plan and when adding a policy to an existing Easy Pay Plan.

No installment charge is applied to Easy Pay withdrawals.

The minimum required down payment for a new business application is one month's premium (1/12th of the total term premium for twelve-month policies).

The down payment requirement for Easy Pay is waived in these circumstances:

1. If the insured account qualifies under Underwriting Payment Plan Eligibility Category I.
2. If the insured has been an automobile or homeowner policyholder for one full year or more.
3. If, at renewal, the request is submitted 60 days in advance of the renewal, and the current term is paid in full.

Non-Bound Trial Application - No down payment should be collected for non-bound trial applications.

Other Methods of Payment

B. Cash with Application – All new business applications and reinstatement applications, where Easy Pay is not selected as the payment method or where the bill is to be paid by the mortgagee, must be sent to the Home Office accompanied by a down payment remittance. A remittance of $150 ($75 for Form 4 and Form 6) or one-half of the annual premium, whichever is greater, is required. If the remittance is less than the full amount due and the amount due is more than $25, a $5 installment charge will be applied.

   Non-Bound Trial Application - No down payment should be collected for non-bound trial applications.

C. Renewal Payment - The renewal premium is due and payable to the Home Office on or before the policy expiration date. The policyholder may elect to pay the renewal premium in two or four installments. Each installment will include a $5 installment charge as shown on the renewal billing notice. If the amount due is less than $25, the installment charge will be waived.

D. Minimum Premium Rule - The total annual policy minimum premium for Form 3 is $150. For Form 4 and Form 6, the total annual policy minimum premium is $75. The minimum premium requirements exclude premium for the following endorsements: Earthquake, Earthquake Loss Assessment, Equipment Breakdown Coverage, and Stolen Identity Package.

XVII. POLICY CHANGES

If a policy is amended and results in a total amount due of $5 or less, such adjustment may be waived. Form policies with no balance due, a return premium of $5 or less shall be allowed only at the insured's request.

XVIII. RATE CHANGES

A rate change, meaning any revision of premium, applicable to the Homeowner Program shall be made in accordance with the following procedures:

A. The effective date of such revision shall be announced.

B. The revision shall apply to any policy or endorsement in the manner outlined in the announcement of the revision.

C. An existing Homeowners Policy may not be endorsed during the current policy term to take advantage of an overall rate reduction.

D. The current forms and endorsements must apply to all items of the policy to which the premium revision applies, unless otherwise provided at the time the premium revision became effective.

XIX. INFLATION COVERAGE

Each year at the policy renewal, the Coverage A - Dwelling amount may be increased depending upon the building cost index for the geographical location for Form 3.

For Forms 4 and 6, each year at the policy renewal, the Coverage C - Personal Property amount may be increased depending upon the personal property cost index for the specified area.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
MISCELLANEOUS AND ENDORSEMENT COVERAGES INDEX

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I. Miscellaneous Coverages, Credits, and Charges

A. CA$H*BACK* FROM ANPAC®

For policies written in American National General Insurance Company and enrolled in CA$H*BACK* FROM ANPAC® prior to May 14, 2008, insureds who remain claim free on all automobile, motor home, camping trailer, travel trailer, motorcycle, or recreational vehicle and homeowner policies for the three-year period after their CA$H*BACK* FROM ANPAC® enrollment date, will receive a 25% refund of their combined automobile, motor home, camping trailer, 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.

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

A) there have been no paid claims of any type, including not-at-fault under any automobile, motor home, camping trailer, travel trailer, motorcycle, recreational vehicle, or homeowner policy 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 trailer, travel trailer, motorcycle, or recreational vehicle and one homeowner policy; and

C) the CA$H*BACK* policies are in a state where the CA$H*BACK* program is available.

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

Refund Conditions and Procedures:

1) The CA$H*BACK* 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$H*BACK* 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$H*BACK* program, under any policy that is part of a CA$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$H*BACK* 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$H*BACK* 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:

<u>Heating</u>

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, tin (terne), steel or 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 4473are 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 72%.

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, Tin (Terne), Steel or Fiber Cement	Wood Shake or Shingle
Current Year	-26%	-4%	-1%	-35%	-1%	-1%	-3%	-5%	-6%	+10%
1st Preceding	-25%	-4%	-1%	-33%	-1%	-2%	-4%	-6%	-7%	+11%
2nd Preceding	-24%	-3%	-1%	-32%	-1%	-2%	-4%	-6%	-8%	+12%
3rd Preceding	-23%	-3%	-1%	-30%	-1%	-2%	-5%	-7%	-10%	+13%
4th Preceding	-22%	-3%	-1%	-28%	-2%	-3%	-5%	-8%	-11%	+14%
5th Preceding	-20%	-3%	-1%	-26%	-2%	-3%	-6%	-9%	-13%	+15%
6th Preceding	-19%	-2%	-1%	-23%	-2%	-3%	-7%	-10%	-14%	+16%
7th Preceding	-17%	-2%	-1%	-21%	-2%	-3%	-8%	-11%	-16%	+17%
8th Preceding	-15%	-2%	-1%	-18%	-3%	-4%	-9%	-13%	-18%	+18%
9th Preceding	-13%	-1%	-1%	-15%	-3%	-5%	-10%	-14%	-21%	+19%
10th Preceding	-11%	-1%	-1%	-11%	-3%	-5%	-11%	-16%	-24%	+20%
11th Preceding	-10%	-1%	0	-7%	-4%	-6%	-13%	-18%	-26%	+21%
12th Preceding	-9%	-1%	0	-3%	-5%	-7%	-14%	-20%	-30%	+22%
13th Preceding	-8%	-1%	0	0	-3%	-7%	-14%	-21%	-31%	+23%
14th Preceding	-8%	-1%	0	0	0	-3%	-12%	-19%	-31%	+24%
15th Preceding	-7%	0	0	0	0	0	-9%	-17%	-31%	+25%
16th Preceding	-6%	0	0	0	0	0	-6%	-15%	-31%	+26%
17th Preceding	-4%	0	0	0	0	0	-3%	-13%	-30%	+27%
18th Preceding	-3%	0	0	0	0	0	0	-11%	-30%	+28%
19th Preceding	-2%	0	0	0	0	0	0	-8%	-29%	+29%
20th Preceding	0	0	0	0	0	0	0	-6%	-29%	+30%
21st Preceding	0	0	0	0	0	0	0	-3%	-28%	+32%
22nd Preceding	0	0	0	0	0	0	0	0	-27%	+34%
23rd Preceding	0	0	0	0	0	0	0	0	-26%	+36%
24th Preceding	0	0	0	0	0	0	0	0	-26%	+38%
25th Preceding	0	0	0	0	0	0	0	0	-25%	+40%
26th Preceding	0	0	0	0	0	0	0	0	-24%	+42%
27th Preceding	0	0	0	0	0	0	0	0	-23%	+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, Tin (Terne), Steel or Fiber Cement	Wood Shake or Shingle
28th Preceding	0	0	0	0	0	0	0	0	-21%	+46%
29th Preceding	0	0	0	0	0	0	0	0	-20%	+48%
30th Preceding	0	0	0	0	0	0	0	0	-19%	+50%
31st Preceding	0	0	0	0	0	0	0	0	-18%	+52%
32nd Preceding	0	0	0	0	0	0	0	0	-16%	+54%
33rd Preceding	0	0	0	0	0	0	0	0	-14%	+56%
34th Preceding	0	0	0	0	0	0	0	0	-13%	+58%
35th Preceding	0	0	0	0	0	0	0	0	-11%	+60%
36th Preceding	0	0	0	0	0	0	0	0	-9%	+62%
37th Preceding	0	0	0	0	0	0	0	0	-7%	+64%
38th Preceding	0	0	0	0	0	0	0	0	-5%	+66%
39th Preceding	0	0	0	0	0	0	0	0	-2%	+68%
40th 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 COVERAGE DISCOUNT FROM ANPAC℠**

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	10%
Other Rated Life Product	5%

- 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 trailers, 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.

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 trailers, 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.

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.

	Premium Adjustment		
Coverage E - Personal Liability Limits	Form 3 Described Residence	Forms 4 & 6 Described Residence	Forms 3, 4, & 6 Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
$ 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

	Premium Adjustment		
Coverage F - Medical Payments Limits	Form 3 Described Residence	Forms 4 & 6 Described Residence	Forms 3, 4, & 6 Add'l. Residence Premises Occupied by Insured 1 or 2 Fam. Dwelling
$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):

Policy	Minimum Additional Premium
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				
÷	X	÷	X	MRC Credit Factor	-	1
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.

Policy Deductible	Premium
$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:

Policy Deductible	Premium
$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:

Policy Deductible	Premium
$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:

Policy Deductible	Premium
$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:

Policy Deductible	Premium
$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.

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:

	PREMIUM PER $1,000 FRAME								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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

	PREMIUM PER $1,000 ALL OTHERS								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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

<u>Zone Definitions</u>

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.

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.

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:

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

	PREMIUM PER $1,000 ALL OTHERS								
ZONE	1	2	3	4	5	6	7	8	APPLIED TO
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	.24	.12	.09	.08	.07	.06	.05	.04	Amount of Increase Only
Coverage C Increased Limits									
ALL FORMS	3.74	1.76	1.76	.95	.95	.55	.49	.33	Amount Increased or Added
Appurtenant Structures									

*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:

Limit of Liability	Premium Per $1,000 Coverage
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:

Policy Deductible	Premium
$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.

Amount of Coverage	Premium
$ 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:

Additional Coverage Amount	Premium
$ 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.

Policy Deductible	Premium
$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:

Home Completed and First Occupied	Premium
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

Home Completed and First Occupied	Premium
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. ($500 deductible)
6. Dwelling Lock Replacement Coverage: Up to $500.
7. Limited Fungus Remediation Coverage: Up to $15,000. ($5,000 deductible)
8. Water Backup Coverage: Up to $20,000. ($5,000 deductible)
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:

Home Completed and First Occupied	Premium
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

Home Completed and First Occupied	Premium
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:

Home Completed and First Occupied	Adjustment to Base Premium	
	Zone 1	Zone 2
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

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 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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Farm and Animal
$ 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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Classifications A, B, and C
$ 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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Exposures
$ 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.

Coverage E – Personal Liability Limits	Premium Adjustment Incidental Exposures
$ 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 Liability Limits	Premium Adjustment
$ 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 Liability Limits	Premium Adjustment Form 4 Only 3 Family Dwelling	Premium Adjustment Form 4 Only 4 Family Dwelling
$ 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 Payments Limits	Premium Adjustment Form 4 Only 3 Family Dwelling	Premium Adjustment Form 4 Only 4 Family Dwelling
$ 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 Liability Limits	Adjustment to Premium Rented to Others 1 Family	Rented to Others 2 Family	Rented to Others 3 Family	Rented to Others 4 Family
$ 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 Payments Limits	Adjustment to Premium Rented to Others 1 Family	Rented to Others 2 Family	Rented to Others 3 Family	Rented to Others 4 Family
$ 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:

Limit	Premium
$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:

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

Coverage F – Medical Payments Limits	Premium Adjustment Incidental Occupancy on Premises
$ 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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02239	02239	02239	02315	02315	02654	03117	03728	04649	06254
002	02275	02275	02275	02353	02353	02696	03167	03789	04724	06355
003	03384	03384	03384	03499	03499	04011	04711	05635	07026	09453
004	02674	02674	02674	02765	02765	03169	03723	04453	05552	07470
005	02540	02540	02540	02626	02626	03010	03536	04229	05273	07094
006	02722	02722	02722	02814	02814	03225	03789	04532	05651	07602
007	02853	02853	02853	02950	02950	03380	03971	04750	05922	07968
008	02503	02503	02503	02588	02588	02966	03484	04167	05196	06990
009	02659	02659	02659	02749	02749	03151	03701	04427	05520	07426
010	02958	02958	02958	03058	03058	03505	04117	04924	06140	08260
012	02816	02816	02816	02911	02911	03336	03919	04688	05845	07864
017	02272	02272	02272	02349	02349	02692	03162	03782	04716	06345
024	02558	02558	02558	02645	02645	03031	03560	04258	05310	07143
026	02429	02429	02429	02511	02511	02878	03381	04044	05042	06783
033	02964	02964	02964	03065	03065	03512	04126	04935	06153	08279
037	02361	02361	02361	02441	02441	02798	03286	03931	04901	06594
038	02287	02287	02287	02364	02364	02710	03183	03807	04747	06386
039	02525	02525	02525	02611	02611	02992	03515	04204	05242	07053
040	02088	02088	02088	02159	02159	02474	02906	03477	04335	05832
041	02753	02753	02753	02847	02847	03263	03833	04584	05716	07690
042	02568	02568	02568	02655	02655	03043	03574	04275	05331	07172
043	02563	02563	02563	02650	02650	03037	03568	04268	05321	07159
044	02429	02429	02429	02511	02511	02878	03381	04044	05042	06783

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	01865	01865	01865	01929	01929	02210	02597	03106	03872	05210
002	01895	01895	01895	01960	01960	02246	02638	03156	03935	05294
003	02819	02819	02819	02915	02915	03341	03924	04694	05853	07874
004	02228	02228	02228	02304	02304	02640	03101	03709	04625	06222
005	02116	02116	02116	02188	02188	02507	02945	03523	04392	05909
006	02267	02267	02267	02344	02344	02687	03156	03775	04707	06333
007	02376	02376	02376	02457	02457	02816	03308	03956	04933	06637
008	02085	02085	02085	02156	02156	02471	02902	03471	04328	05823
009	02215	02215	02215	02290	02290	02624	03083	03687	04598	06186
010	02464	02464	02464	02547	02547	02919	03429	04102	05114	06881
012	02345	02345	02345	02425	02425	02779	03265	03905	04869	06551
017	01892	01892	01892	01957	01957	02242	02634	03151	03929	05285
024	02130	02130	02130	02203	02203	02525	02966	03547	04423	05950
026	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650
033	02469	02469	02469	02553	02553	02926	03437	04111	05126	06896
037	01967	01967	01967	02033	02033	02330	02737	03274	04083	05493
038	01905	01905	01905	01969	01969	02257	02651	03171	03954	05320
039	02103	02103	02103	02175	02175	02493	02928	03502	04367	05875
040	01739	01739	01739	01798	01798	02061	02421	02896	03611	04858
041	02294	02294	02294	02372	02372	02718	03193	03819	04761	06406
042	02139	02139	02139	02212	02212	02535	02977	03561	04440	05974
043	02135	02135	02135	02208	02208	02530	02972	03555	04432	05963
044	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	01865	01865	01865	01929	01929	02210	02597	03106	03872	05210
002	01895	01895	01895	01960	01960	02246	02638	03156	03935	05294
003	02819	02819	02819	02915	02915	03341	03924	04694	05853	07874
004	02228	02228	02228	02304	02304	02640	03101	03709	04625	06222
005	02116	02116	02116	02188	02188	02507	02945	03523	04392	05909
006	02267	02267	02267	02344	02344	02687	03156	03775	04707	06333
007	02376	02376	02376	02457	02457	02816	03308	03956	04933	06637
008	02085	02085	02085	02156	02156	02471	02902	03471	04328	05823
009	02215	02215	02215	02290	02290	02624	03083	03687	04598	06186
010	02464	02464	02464	02547	02547	02919	03429	04102	05114	06881
012	02345	02345	02345	02425	02425	02779	03265	03905	04869	06551
017	01892	01892	01892	01957	01957	02242	02634	03151	03929	05285
024	02130	02130	02130	02203	02203	02525	02966	03547	04423	05950
026	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650
033	02469	02469	02469	02553	02553	02926	03437	04111	05126	06896
037	01967	01967	01967	02033	02033	02330	02737	03274	04083	05493
038	01905	01905	01905	01969	01969	02257	02651	03171	03954	05320
039	02103	02103	02103	02175	02175	02493	02928	03502	04367	05875
040	01739	01739	01739	01798	01798	02061	02421	02896	03611	04858
041	02294	02294	02294	02372	02372	02718	03193	03819	04761	06406
042	02139	02139	02139	02212	02212	02535	02977	03561	04440	05974
043	02135	02135	02135	02208	02208	02530	02972	03555	04432	05963
044	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02239	02239	02239	02315	02315	02654	03117	03728	04649	06254
002	02275	02275	02275	02353	02353	02696	03167	03789	04724	06355
003	03384	03384	03384	03499	03499	04011	04711	05635	07026	09453
004	02674	02674	02674	02765	02765	03169	03723	04453	05552	07470
005	02540	02540	02540	02626	02626	03010	03536	04229	05273	07094
006	02722	02722	02722	02814	02814	03225	03789	04532	05651	07602
007	02853	02853	02853	02950	02950	03380	03971	04750	05922	07968
008	02503	02503	02503	02588	02588	02966	03484	04167	05196	06990
009	02659	02659	02659	02749	02749	03151	03701	04427	05520	07426
010	02958	02958	02958	03058	03058	03505	04117	04924	06140	08260
012	02816	02816	02816	02911	02911	03336	03919	04688	05845	07864
017	02272	02272	02272	02349	02349	02692	03162	03782	04716	06345
024	02558	02558	02558	02645	02645	03031	03560	04258	05310	07143
026	02429	02429	02429	02511	02511	02878	03381	04044	05042	06783
033	02964	02964	02964	03065	03065	03512	04126	04935	06153	08279
037	02361	02361	02361	02441	02441	02798	03286	03931	04901	06594
038	02287	02287	02287	02364	02364	02710	03183	03807	04747	06386
039	02525	02525	02525	02611	02611	02992	03515	04204	05242	07053
040	02088	02088	02088	02159	02159	02474	02906	03477	04335	05832
041	02753	02753	02753	02847	02847	03263	03833	04584	05716	07690
042	02568	02568	02568	02655	02655	03043	03574	04275	05331	07172
043	02563	02563	02563	02650	02650	03037	03568	04268	05321	07159
044	02429	02429	02429	02511	02511	02878	03381	04044	05042	06783

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	01865	01865	01865	01929	01929	02210	02597	03106	03872	05210
002	01895	01895	01895	01960	01960	02246	02638	03156	03935	05294
003	02819	02819	02819	02915	02915	03341	03924	04694	05853	07874
004	02228	02228	02228	02304	02304	02640	03101	03709	04625	06222
005	02116	02116	02116	02188	02188	02507	02945	03523	04392	05909
006	02267	02267	02267	02344	02344	02687	03156	03775	04707	06333
007	02376	02376	02376	02457	02457	02816	03308	03956	04933	06637
008	02085	02085	02085	02156	02156	02471	02902	03471	04328	05823
009	02215	02215	02215	02290	02290	02624	03083	03687	04598	06186
010	02464	02464	02464	02547	02547	02919	03429	04102	05114	06881
012	02345	02345	02345	02425	02425	02779	03265	03905	04869	06551
017	01892	01892	01892	01957	01957	02242	02634	03151	03929	05285
024	02130	02130	02130	02203	02203	02525	02966	03547	04423	05950
026	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650
033	02469	02469	02469	02553	02553	02926	03437	04111	05126	06896
037	01967	01967	01967	02033	02033	02330	02737	03274	04083	05493
038	01905	01905	01905	01969	01969	02257	02651	03171	03954	05320
039	02103	02103	02103	02175	02175	02493	02928	03502	04367	05875
040	01739	01739	01739	01798	01798	02061	02421	02896	03611	04858
041	02294	02294	02294	02372	02372	02718	03193	03819	04761	06406
042	02139	02139	02139	02212	02212	02535	02977	03561	04440	05974
043	02135	02135	02135	02208	02208	02530	02972	03555	04432	05963
044	02023	02023	02023	02092	02092	02397	02816	03368	04200	05650

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
002	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
003	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
004	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
005	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
006	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
007	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
008	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
009	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
010	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
012	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
017	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
024	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
026	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
033	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
037	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
038	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
039	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
040	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
041	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
042	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
043	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
044	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234

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

	PROTECTION CLASSES									
ZONE	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	00282	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	00282	00304
042	00189	00189	00189	00189	00189	00189	00189	00205	00282	00304
043	00189	00189	00189	00189	00189	00189	00189	00205	00282	00304
044	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
002	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
003	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
004	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
005	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
006	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
007	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
008	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
009	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
010	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
012	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
017	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
024	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
026	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
033	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
037	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
038	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
039	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
040	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
041	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
042	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
043	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
044	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
002	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
003	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
004	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
005	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
006	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
007	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
008	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
009	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
010	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
012	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
017	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
024	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
026	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
033	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
037	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
038	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
039	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
040	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
041	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
042	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
043	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
044	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
15,000	0.450	220,000	1.365
20,000	0.469	225,000	1.390
25,000	0.488	230,000	1.414
30,000	0.507	235,000	1.439
35,000	0.525	240,000	1.463
40,000	0.544	245,000	1.485
45,000	0.563	250,000	1.507
50,000	0.582	260,000	1.549
55,000	0.601	270,000	1.591
60,000	0.620	280,000	1.639
65,000	0.639	290,000	1.687
70,000	0.658	300,000	1.721
75,000	0.676	350,000	1.911
80,000	0.695	400,000	2.102
85,000	0.714	450,000	2.294
90,000	0.733	500,000	2.500
95,000	0.751	550,000	2.699
100,000	0.769	600,000	2.897
105,000	0.795	650,000	3.096
110,000	0.821	700,000	3.284
115,000	0.839	750,000	3.482
120,000	0.866	800,000	3.680
125,000	0.893	850,000	3.877
130,000	0.910	900,000	4.075
135,000	0.937	950,000	4.273
140,000	0.955	1,000,000	4.470
145,000	0.982	1,100,000	4.865
150,000	1.000	1,200,000	5.261
155,000	1.028	1,300,000	5.656
160,000	1.054	1,400,000	6.029
165,000	1.081	1,500,000	6.423
170,000	1.107	1,600,000	6.816
175,000	1.134	1,700,000	7.211
180,000	1.161	1,800,000	7.605
185,000	1.187	1,900,000	7.999
190,000	1.213	2,000,000	8.394
195,000	1.239	2,100,000	8.788
200,000	1.265	2,200,000	9.183
205,000	1.290	2,300,000	9.578
210,000	1.315	2,400,000	9.974
215,000	1.340	2,500,000	10.369
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT

NON-WIND/HAIL		
WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
	All Peril				
	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Form RF-2 Loss Costs Only (not for workers' compensation)	Filed	06/13/2012

Bypass Reason: Not applicable.

Comments:

		Item Status:	Status Date:
Satisfied - Item:	H-1 Homeowners Abstract	Filed	06/13/2012

Comments:

Attachments:

Form H-1 (HO).pdf
Form H-1 (GHO).pdf

		Item Status:	Status Date:
Satisfied - Item:	HPCS-Homeowners Premium Comparison Survey	Filed	06/13/2012

Comments:

Attachments:

HPCS (GHO) No Links.xls
HPCS (HO) No Links.xls

		Item Status:	Status Date:
Satisfied - Item:	NAIC loss cost data entry document	Filed	06/13/2012

Comments:

Attachments:

RF-1 _GHO_Revised_2.pdf
RF-1 _HO_Revised_2.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Actuarial Memorandum	Filed	06/13/2012

Comments:

Attachment:

AR Act Memo-Home.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Rate Exhibits	Filed	06/13/2012

Comments:

Attachment:

Home Rate Packet Exhibits.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Exhibit A	Filed	06/13/2012

Comments:

Attachment:

Exhibit A.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Supplemental Exhibits	Filed	06/13/2012

Comments:

Attachment:

Home Supplemental Exhibits.pdf

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

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.

FORM	PREMIUM VOLUME
SH-3	$4,684,439
SH-4	$60,414
SH-6	$12,290
SH-7	$159,922

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.

Richelle L Lewers
Signature

Richelle Lewers
Printed Name

Regulatory Compliance Analyst I
Title

417-887-4990 ext. 2607
Telephone Number

Rlewers@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.

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 competetive 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.

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

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

F 503 (Ed. 1/06) **UNIFORM**

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

FORM	PREMIUM VOLUME
SH-3	$270,701
SH-4	$4,033
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.

Richelle L Lewers

Signature

Richelle Lewers

Printed Name

Regulatory Compliance Analyst I

Title

417-887-4990 ext. 2607

Telephone Number

Rlewers@anpac.com

Email Address

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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	**42.8%**	**18.6%**					
SH-4 & SH-6	**-30.8%**	**0.0%**					
TOTAL OVERALL EFFECT	**41.8%**	**18.3%**					

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
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%**
2011	**318**	**9.6%**	**7/21/11**	**264**	**522**	**197.7%**	**118.0%**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**15.1%**
B. General Expense	**1.2%**
C. Taxes, License & Fees	**2.9%**
D. Underwriting Profit & Contingencies	**15.7%**
E. Other (explain)Reinsure Exp	**4.5%**
F. TOTAL	**39.4%**

8. **N** Apply Lost Cost Factors to Future filings? (Y or N)
9. **+25.0%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
10. **-20.3%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 017

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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	**42.8%**	**18.6%**					
SH-4 & SH-6	**-30.8%**	**-0.3%**					
TOTAL OVERALL EFFECT	**41.8%**	**18.4%**					

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
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%**
2011	**4820**	**9.9%**	**7/20/11**	**4151**	**5650**	**136.1%**	**106.9%**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**15.1%**
B. General Expense	**1.2%**
C. Taxes, License & Fees	**2.9%**
D. Underwriting Profit & Contingencies	**15.7%**
E. Other (explain)Reinsure Exp	**4.5%**
F. TOTAL	**39.4%**

8. **N** Apply Lost Cost Factors to Future filings? (Y or N)
9. **+25.0%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
10. **-27.1%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 008

NAIC Number:	39942
Company Name:	American National General Insurance Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	09/18/2012

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

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

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

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*	$416.00	$499.00	$410.00	$492.00	$468.00	$562.00	$620.00	$744.00	$522.00	$627.00	$498.00	$598.00	$490.00	$588.00	$487.00	$585.00	$504.00	$605.00
	$120,000	$518.00	$622.00	$511.00	$613.00	$584.00	$701.00	$772.00	$927.00	$651.00	$781.00	$621.00	$746.00	$610.00	$733.00	$607.00	$728.00	$628.00	$754.00
	$160,000	$631.00	$757.00	$622.00	$747.00	$710.00	$853.00	$940.00	$1,128.00	$792.00	$951.00	$756.00	$908.00	$743.00	$892.00	$738.00	$886.00	$765.00	$918.00
6	*$80,000*	$493.00	$592.00	$486.00	$583.00	$555.00	$666.00	$734.00	$882.00	$619.00	$743.00	$591.00	$709.00	$580.00	$697.00	$577.00	$693.00	$597.00	$717.00
	$120,000	$614.00	$737.00	$605.00	$727.00	$692.00	$830.00	$915.00	$1,099.00	$771.00	$926.00	$736.00	$884.00	$723.00	$868.00	$719.00	$863.00	$744.00	$894.00
	$160,000	$748.00	$898.00	$737.00	$885.00	$842.00	$1,010.00	$1,114.00	$1,337.00	$939.00	$1,127.00	$896.00	$1,075.00	$880.00	$1,057.00	$875.00	$1,050.00	$906.00	$1,088.00
9	*$80,000*	$864.00	$1,037.00	$851.00	$1,022.00	$972.00	$1,167.00	$1,287.00	$1,545.00	$1,084.00	$1,302.00	$1,035.00	$1,242.00	$1,017.00	$1,221.00	$1,011.00	$1,213.00	$1,047.00	$1,257.00
	$120,000	$1,076.00	$1,292.00	$1,061.00	$1,274.00	$1,211.00	$1,455.00	$1,603.00	$1,925.00	$1,351.00	$1,622.00	$1,289.00	$1,548.00	$1,267.00	$1,521.00	$1,259.00	$1,512.00	$1,304.00	$1,566.00
	$160,000	$1,310.00	$1,572.00	$1,291.00	$1,550.00	$1,474.00	$1,770.00	$1,951.00	$2,343.00	$1,645.00	$1,975.00	$1,569.00	$1,884.00	$1,542.00	$1,851.00	$1,533.00	$1,840.00	$1,587.00	$1,906.00

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*																		
	$15,000																		
	$25,000																		
6	*$5,000*																		
	$15,000																		
	$25,000																		
9	*$5,000*																		
	$15,000																		
	$25,000																		

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	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78*	%

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	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone		Brick		Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$	5.34	$	3.58
	Lowest Risk	$	0.47	$	0.31

NAIC Number:	28401
Company Name:	American National Property And Casualty Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	09/18/2012

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

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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

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*	$448.00	$538.00	$442.00	$531.00	$505.00	$606.00	$668.00	$802.00	$563.00	$676.00	$537.00	$645.00	$528.00	$634.00	$525.00	$630.00	$543.00	$652.00
	$120,000	$559.00	$671.00	$551.00	$661.00	$629.00	$755.00	$832.00	$999.00	$701.00	$842.00	$669.00	$803.00	$658.00	$790.00	$654.00	$785.00	$677.00	$813.00
	$160,000	$680.00	$816.00	$670.00	$805.00	$765.00	$919.00	$1,013.00	$1,216.00	$854.00	$1,025.00	$815.00	$978.00	$800.00	$961.00	$796.00	$955.00	$824.00	$989.00
6	*$80,000*	$531.00	$638.00	$524.00	$629.00	$598.00	$718.00	$791.00	$950.00	$667.00	$801.00	$636.00	$764.00	$625.00	$751.00	$622.00	$746.00	$644.00	$773.00
	$120,000	$662.00	$795.00	$652.00	$783.00	$745.00	$895.00	$986.00	$1,184.00	$831.00	$998.00	$793.00	$952.00	$779.00	$936.00	$775.00	$930.00	$802.00	$963.00
	$160,000	$806.00	$967.00	$794.00	$953.00	$907.00	$1,089.00	$1,200.00	$1,441.00	$1,012.00	$1,215.00	$965.00	$1,159.00	$948.00	$1,139.00	$943.00	$1,132.00	$976.00	$1,172.00
9	*$80,000*	$931.00	$1,117.00	$917.00	$1,101.00	$1,048.00	$1,258.00	$1,386.00	$1,665.00	$1,169.00	$1,403.00	$1,115.00	$1,339.00	$1,096.00	$1,315.00	$1,089.00	$1,308.00	$1,128.00	$1,354.00
	$120,000	$1,160.00	$1,392.00	$1,143.00	$1,372.00	$1,305.00	$1,567.00	$1,727.00	$2,074.00	$1,456.00	$1,748.00	$1,389.00	$1,668.00	$1,365.00	$1,639.00	$1,357.00	$1,629.00	$1,405.00	$1,687.00
	$160,000	$1,411.00	$1,694.00	$1,391.00	$1,670.00	$1,589.00	$1,908.00	$2,102.00	$2,524.00	$1,772.00	$2,128.00	$1,691.00	$2,030.00	$1,661.00	$1,995.00	$1,652.00	$1,983.00	$1,710.00	$2,054.00

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*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
6	*$5,000*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
9	*$5,000*	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$140.00	$140.00
	$15,000	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$176.00	$176.00
	$25,000	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$231.00	$231.00

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	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78*	%

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	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 5.34	$ 3.58
	Lowest Risk	$ 0.47	$ 0.31

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

The purpose of this filing is to implement several 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 30.0% resulting in an annual revenue effect of $1,556,297. We have combined the experience for American National Property And Casualty Company (ANPAC) and American National General Insurance Company (ANGIC). 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. This memorandum and accompanying exhibits describe the underlying data and ratemaking methodologies used to develop our overall indication of 41.8%.

The following rating plan changes are proposed with this filing:

1. Our Homeowners Advantage Discount is being modified with this filing.
2. The TLC Discount is being revised from 15% to 10%.
3. Deductible adjustment factors are changing for all zones.
4. The UL and Clay Tile/Slate Roof factors are changing. Qualifying roofs with a UL1 or UL 2 rating and certain metal roofs will now receive an additional discount above the standard roof discount.

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 Earned Premium as weights.

Page 2 displays the Dwelling Forms Indication, and Page 3 displays the Contents Forms Indication. The experience uses rolling quarter data from 7/1/06 through 6/30/11 valued as of 9/30/11. A projected Non-Wind/Hail Non-Catastrophe loss and ALAE ratio (overall loss and ALAE ratio for Contents forms) is found by weighting each year's historical loss ratio into one combined prospective Loss Ratio. The weights used are 10% for 07', 15% for 08', 20% for 09', 25% for 10' and 30% for 11'. For Dwelling Forms, a Non-Wind/Hail Catastrophe Provision, based on a regionally-estimated experience-based provision, is applied to account for non-wind/hail related catastrophes. A Wind/Hail Provision, based on Arkansas experience, is applied to account for wind/hail events. These loss ratios are summed to come up with a Projected Loss and ALAE Ratio, which is then loaded for ULAE. Finally, the Projected Loss and LAE Ratio is then combined with Fixed and Variable Expense Ratios and a Profit Provision to determine an Indicated Rate Level Change. Derivations of each individual component for each step are detailed in other Exhibits.

Exhibit II – Premium Trend – This exhibit develops the premium trend factors by type used in Exhibit I. The average Amount of Insurance factors (AOI) for each year are fitted to a line and an annual change is selected. The Current Amount Factor (CAF) is calculated as an index of the average AOI at the midpoint of each experience period to the average APAR at 1/1/2011. The Trended Amount Factor (TAF) is calculated as the selected TAF annual change trended from 1/1/2011 to the expected average premium written date for the period the rates are in effect. The premium trend factors are the product of the respective Current Amount Factor and the Trended Amount Factor.

Exhibit III – Loss & ALAE 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 Current Cost Factor is calculated as the selected annual change trended from the mid-point of each respective year to 1/1/2011. The Trended Cost Factor is calculated by selecting an annual pure premium growth factor and trending it from 1/1/2011 to the expected average loss date for the period the rates are in effect.

Exhibit V – Non-Wind/Hail Non-Catastrophic and Wind/Hail Loss Provisions – On Page 1 of this Exhibit, we are including a non-wind catastrophe loss and ALAE ratio, 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 18 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 2011. The trended catastrophe pure premium is the product of the average frequency and severity. The resulting projected non-wind/hail catastrophe loss ratio is adjusted for ALAE. The wind/hail loss ratio is developed on page 2 using a similar procedure based on Arkansas experience.

Exhibit VI – Loss Adjustment Expense Factors - This exhibit displays the data utilized to calculate the companywide loss adjustment expense factors.

Exhibit VII – Expense Provisions – Page 1 of this exhibit develops the latest three years' expenses for both American National Property And Casualty and American National General Insurance Company combined. 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.

A Fixed Expense provision is used to load losses for estimated reinsurance expenses. We have elected to use Aon Benfield's recommended methodology to allocate the reinsurance margin for the Corporate Catastrophe and State Specific layers. The following is a description of this method.

Aon Benfield has identified four separate components of a reinsurer's premium: systemic (modeled peril) expected loss, non-systemic (non-modeled) expected loss, risk load (cost of reinsurer's capital), and variable expenses. Given that each of these cost components is generated by unique drivers, it makes sense that they be allocated in different ways. The systemic expected loss is allocated according to modeled layer losses. Non-systemic expected loss is allocated by internal correlated standard deviation. The risk load is allocated according to correlated standard deviation (the product of the standard deviation of a portfolio segment and the segment's correlation with industry losses). Correlated standard deviation is an estimate of the marginal capital a reinsurer would be required to hold when adding each segment of our book to its existing portfolio. Variable expenses do not impact the allocation method, so they are excluded from the calculations.

Reinsurance premiums for each layer are allocated by taking a weighted average of the three bases described above, with the weights being the relative contribution of each component to our total layer

premium. This method is an improvement over the standard "proportional in the layer" method in which all four components are arbitrarily allocated according to modeled losses.

Exhibit VIII – Estimated Effect of Investment Income – 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.

Exhibit IX – Zone Definitions – This exhibit displays the zone definitions and a map of the zones.

Exhibit X – Proposed Base Rate Relativities - Exhibit X displays our present and proposed base rate relativities by form and zone. In making the relativity changes, zone relativities for Shelter and Nationwide were considered. The maximum change for any zone's relativities is ±10%. Pages 2-8 display the current and proposed base rates by form and zone. ANPAC Form SH-7 and ANGIC Form SH-3 base rates were selected by applying a differential to the corresponding form ANPAC SH-3 base rates. ANPAC and ANGIC Forms SH-4 and SH-6 base rate relativities are not changing, base rates were revised evenly across zones.

Exhibit XI – Proposed Deductible Adjustment Factors – This exhibit displays our proposed deductible adjustments, which vary by coverage amount, for forms SH-3 and SH-7. The deductible curves have been adjusted to be more accurately priced. An Exponential Distribution was used to select the proposed deductible factors.

Exhibit XII – Utilities / Roof Rating Plan - Pages 1-2 display the present and proposed UL, Clay Tile/Slate and Metal roof rating plan discounts. With this revision, UL 1, UL 2 and certain metal roofs will start receiving an additional discount above the standard roof discount.

Exhibit XIII – Homeowners Advantage Discount – We will be revising our Homeowners Advantage discount in ANPAC with this filing. A qualifying account will receive a discount based on the number of years eligible for the discount. We have offset the base rates to account for this change in our rating plan. This exhibit shows the new discount schedule with the revised Homeowners Advantage Discount.

Exhibit XIV – **Rate Change Summary -** This exhibit displays the revenue impact of all proposed changes by zone and by form.

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

Form	Trended Earned Premium at CRL	Projected Incurred Loss and LAE Ratio	Indicated Rate Level Change
Dwelling	5,326,044	88.6%	42.8%
Contents	73,551	43.5%	-30.8%
All Forms	5,399,595	88.0%	41.8%

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

Experience Period	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 Incurred Loss and ALAE (5)	Incurred Loss & ALAE Development Factor (6)	Loss Cost Trend (7)	Trended & Developed Non-Wind/Hail Non-Catastrophe Incurred Loss & ALAE (8) = (5) X (6) X (7)	Non-Wind/Hail Non-Catastrophe Inc Loss & ALAE Ratio (9) = (8) / (4)
2007	3,781,729	1.294	1.154	5,645,092	1,055,019	1.000	1.897	2,002,259	35.5%
2008	3,799,716	1.298	1.103	5,438,668	979,719	1.004	1.721	1,692,105	31.1%
2009	3,841,740	1.323	1.075	5,465,802	1,662,847	1.008	1.561	2,615,545	47.9%
2010	4,050,183	1.284	1.046	5,441,272	2,183,698	1.014	1.416	3,133,658	57.6%
2011	4,164,502	1.227	1.042	5,326,044	2,871,300	1.038	1.284	3,827,108	71.9%
Total									53.7%

(10.1) Projected Non-Wind / Hail Non-Catastrophe Loss Ratio with ALAE		53.7%
(10.2) Projected Non-Wind / Hail Catastrophe Provision with ALAE		2.1%
(10.3) Projected Wind / Hail Loss Ratio with ALAE		26.4%
(11) Projected Total Loss Ratio with ALAE	(10.1) + (10.2) + (10.3)	82.2%
(12) Projected Unallocated Loss Adjustment Expenses to Loss and ALAE		7.8%
(13) Total Projected Loss and LAE Ratio	(11) X [1 + (12)]	88.6%
(14.1) Projected Fixed Expense Ratio		4.5%
(14.2) Projected Variable Expense Ratio		19.2%
(14.3) Underwriting Profit Provision		15.7%
(15) Indicated Rate Level Change	[(13) + (14.1)] / [1 - (14.2) - (14.3)] - 1	42.8%

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

Experience Period	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)	Incurred Loss and ALAE (5)	Incurred Loss & ALAE Development Factor (6)	Loss Cost Trend (7)	Trended Developed Incurred Loss & ALAE (8) = (5) X (6) X (7)	Inc Loss & ALAE Ratio (9) = (8) / (4)
2007	58,323	0.940	1.060	58,070	9,831	1.000	1.215	11,945	20.6%
2008	63,255	0.946	1.081	64,697	4,802	1.003	1.179	5,682	8.8%
2009	66,392	0.956	1.055	67,009	5,012	1.007	1.145	5,781	8.6%
2010	70,961	0.977	1.052	72,933	52,264	1.013	1.112	58,877	80.7%
2011	71,853	0.993	1.031	73,551	33,171	1.032	1.079	36,952	50.2%
Total									40.4%

(10) Projected Loss Ratio with ALAE		40.4%
(11) Projected Unallocated Loss Adjustment Expenses to Loss and ALAE		7.8%
(12) Total Projected Loss and LAE Ratio	(10) X [1 + (11)]	43.5%
(13.1) Projected Fixed Expense Ratio		1.6%
(13.2) Projected Variable Expense Ratio		19.2%
(13.3) UnderWriting Profit Provision		15.7%
(14) Indicated Rate Level Change	[(12) + (13.1)] / [1 - (13.2) - (13.3)] - 1	-30.8%

American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Premium Trend - Average Policy Amount Relativities

Dwelling Forms

Experience Period	Earned Exposures	Average AOI Relativity	5 Year Fit	4 Year Fit	3 Year Fit	Current Amount Factor	Trended Amount Factor	Premium Trend
2007	4,907	1.134	1.147	1.168		1.107	1.042	1.154
2008	4,836	1.186	1.177	1.191	1.202	1.059	1.042	1.103
2009	4,789	1.217	1.208	1.215	1.221	1.032	1.042	1.075
2010	4,818	1.251	1.239	1.239	1.241	1.004	1.042	1.046
2011	4,801	1.256	1.272	1.264	1.261	1.000	1.042	1.042
		Growth Factor	2.6%	2.0%	1.6%			

Dwelling Forms Selected TAF Factor: 2.0%

Contents Forms

Experience Period	Earned Exposures	Average AOI Relativity	5 Year Fit	4 Year Fit	3 Year Fit	Current Amount Factor	Trended Amount Factor	Premium Trend
2007	359	1.099	1.085	1.064		1.028	1.031	1.060
2008	401	1.077	1.094	1.080	1.087	1.049	1.031	1.081
2009	421	1.103	1.103	1.096	1.100	1.024	1.031	1.055
2010	450	1.107	1.112	1.112	1.113	1.020	1.031	1.052
2011	460	1.130	1.121	1.129	1.126	1.000	1.031	1.031
		Growth Factor	0.8%	1.5%	1.2%			

Contents Forms Selected TAF Factor: 1.5%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Loss & ALAE Development Factors

Countrywide Non-Catastrophe Incurred Loss and ALAE Development Factors
Dwelling Forms

Accident Year	Qtr.	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months	27 Months	30 Months	33 Months	36 Months	39 Months	42 Months	45 Months	48 Months	51 Months	54 Months	57 Months
2004	3	-	19,967,670	20,790,979	20,982,959	21,263,077	21,558,890	21,623,864	22,074,544	22,091,457	22,105,631	22,132,496	22,130,877	22,216,914	22,294,960	22,319,777	22,296,925	22,287,711	22,344,471	22,367,647
2004	4	15,190,188	16,852,743	17,364,554	17,354,107	17,720,437	17,575,456	17,655,648	17,765,844	17,828,860	17,844,822	17,969,735	17,967,284	17,915,538	17,945,931	17,974,297	18,004,480	18,054,798	18,105,569	18,111,351
2005	1	14,495,481	15,748,522	15,926,797	16,018,146	15,961,427	16,128,353	16,107,413	16,265,861	16,319,277	16,913,578	16,975,519	16,917,715	16,936,655	16,829,843	16,857,004	16,863,525	16,865,168	16,872,152	16,873,065
2005	2	16,197,741	17,797,769	17,685,940	17,860,614	18,016,426	18,384,136	18,444,636	18,487,749	18,603,596	18,623,115	18,645,053	18,672,287	18,761,004	18,806,873	18,724,699	18,738,270	18,750,913	18,769,933	18,767,043
2005	3	18,134,569	19,157,367	19,558,161	19,975,130	20,091,811	20,343,790	20,582,823	20,723,243	20,785,015	20,915,461	20,865,082	21,090,708	21,092,891	21,143,620	21,098,510	21,114,756	21,135,930	21,128,345	21,129,196
2005	4	17,008,105	18,228,009	18,514,018	18,690,558	18,757,621	18,661,524	18,805,713	18,880,119	19,216,576	19,202,151	19,223,688	19,248,888	19,423,054	19,513,329	19,526,195	19,546,827	19,552,949	19,585,812	19,593,950
2006	1	17,128,220	17,290,291	18,300,612	18,666,670	18,918,122	18,918,614	18,914,514	18,685,261	18,787,055	18,859,844	18,802,450	18,798,019	18,777,631	18,864,941	18,874,358	18,864,370	18,875,379	18,885,348	18,873,880
2006	2	25,865,941	27,720,365	28,006,341	28,084,049	28,702,902	28,815,170	28,052,222	28,126,507	28,133,872	28,245,435	28,367,631	28,405,073	28,588,321	28,421,401	28,612,138	28,597,600	28,686,915	28,836,248	28,881,598
2006	3	16,241,242	16,819,064	16,859,417	17,424,293	17,692,038	17,338,007	17,426,621	17,458,026	17,491,128	17,536,294	17,581,265	17,654,908	17,646,380	17,706,062	17,724,927	17,732,753	17,744,749	17,751,462	17,754,274
2006	4	13,952,101	15,210,067	15,827,539	15,968,229	14,842,786	14,850,738	14,957,950	15,005,390	15,188,142	15,195,649	15,404,020	15,420,124	15,293,793	15,316,116	15,335,931	15,355,203	15,445,619	15,625,208	15,923,778
2007	1	20,946,637	21,688,881	21,456,719	21,411,814	21,164,863	21,440,816	21,582,857	21,526,337	21,551,301	21,558,156	21,496,850	21,547,712	21,559,072	21,562,349	21,524,116	21,485,531	21,671,081	21,686,605	21,696,690
2007	2	23,552,300	25,378,259	23,674,780	23,933,275	24,465,947	24,477,313	24,666,867	24,497,530	24,746,604	24,598,454	24,795,200	24,820,160	24,819,728	24,865,258	24,966,068	25,015,637	25,047,005	25,061,925	
2007	3	20,702,940	21,697,861	21,751,233	21,899,236	22,389,080	22,677,464	22,832,270	22,740,680	22,737,857	22,676,923	22,743,271	22,572,164	22,632,060	22,625,417	22,691,195	22,696,081	22,720,023		
2007	4	16,124,535	17,189,826	17,509,539	17,821,275	18,079,513	18,094,949	18,081,855	18,169,408	18,089,421	17,811,127	17,822,947	17,831,167	17,837,973	17,868,320	17,993,360	18,031,679			
2008	1	20,063,710	21,975,920	22,395,943	22,197,589	22,399,755	22,317,241	22,406,872	22,379,946	22,533,383	22,553,220	22,539,874	22,549,695	22,591,547	22,570,597	22,606,660				
2008	2	24,473,438	26,592,622	26,769,376	27,590,703	28,195,526	27,983,202	27,820,323	27,962,995	27,882,113	28,059,517	28,130,408	28,198,858	28,318,469	28,274,665					
2008	3	22,998,657	22,573,871	22,630,231	23,220,506	23,420,480	23,213,200	23,293,674	23,629,336	23,662,586	23,658,353	23,544,268	23,564,169	23,608,875						
2008	4	19,507,135	21,148,029	21,491,561	21,094,917	20,989,239	21,346,702	21,400,011	21,266,295	21,274,884	21,256,224	21,235,809	21,210,529							
2009	1	22,264,633	23,598,504	23,805,702	23,530,017	23,668,098	23,720,864	23,789,063	23,603,709	23,594,876	23,671,984	23,514,730								
2009	2	27,586,578	30,382,445	31,305,033	31,973,633	32,726,682	32,765,459	32,882,614	33,085,080	33,145,960	33,231,846									
2009	3	25,315,056	27,162,354	28,050,660	28,790,145	29,010,107	29,091,789	29,346,686	29,063,655	29,233,117										
2009	4	16,907,709	18,169,075	18,178,491	18,133,226	18,173,147	18,193,534	18,276,814	18,533,444											
2010	1	23,646,909	26,080,933	26,226,691	26,364,888	26,414,891	26,551,224	26,825,104												
2010	2	27,040,418	29,714,134	31,077,679	31,229,887	31,927,250	31,933,630													
2010	3	29,499,232	32,540,655	33,685,394	34,567,698	34,745,568														
2010	4	22,742,307	23,923,519	24,081,071	23,759,244															
2011	1	24,221,917	29,609,674	33,422,612																
2011	2	29,263,811	31,960,214																	
2011	3	25,302,744																		

Loss & ALAE Development Factors

Accident Year	Qtr.	3 to 6	6 to 9	9 to 12	12 to 15	15 to 18	18 to 21	21 to 24	24 to 27	27 to 30	30 to 33	33 to 36	36 to 39	39 to 42	42 to 45	45 to 48	48 to 51	51 to 54	54 to 57
2004	3		1.041	1.009	1.013	1.014	1.003	1.021	1.001	1.001	1.001	1.000	1.004	1.004	1.001	0.999	1.000	1.003	1.001
2004	4	1.109	1.030	0.999	1.021	0.992	1.005	1.006	1.004	1.001	1.007	1.000	0.997	1.002	1.002	1.002	1.003	1.003	1.000
2005	1	1.086	1.011	1.006	0.996	1.010	0.999	1.010	1.003	1.036	1.004	0.997	1.001	0.994	1.002	1.000	1.000	1.000	1.000
2005	2	1.099	0.994	1.010	1.009	1.020	1.003	1.002	1.006	1.001	1.001	1.001	1.005	1.002	0.996	1.001	1.001	1.001	1.000
2005	3	1.056	1.021	1.021	1.006	1.013	1.012	1.007	1.003	1.006	0.998	1.011	1.000	1.002	0.998	1.001	1.001	1.000	1.000
2005	4	1.072	1.016	1.010	1.004	0.995	1.008	1.004	1.018	0.999	1.001	1.001	1.009	1.005	1.001	1.001	1.000	1.002	1.000
2006	1	1.009	1.058	1.020	1.013	1.000	1.000	0.988	1.005	1.004	0.997	1.000	0.999	1.005	1.000	0.999	1.001	1.001	0.999
2006	2	1.072	1.010	1.003	1.022	1.004	0.974	1.003	1.000	1.004	1.004	1.001	1.006	0.994	1.007	0.999	1.003	1.005	1.002
2006	3	1.036	1.002	1.034	1.015	0.980	1.005	1.002	1.002	1.003	1.003	1.004	1.000	1.003	1.001	1.000	1.001	1.000	1.000
2006	4	1.090	1.041	1.009	0.930	1.001	1.007	1.003	1.012	1.000	1.014	1.001	0.992	1.001	1.001	1.001	1.006	1.012	1.019
2007	1	1.035	0.989	0.998	0.988	1.013	1.007	0.997	1.001	1.000	0.997	1.002	1.001	1.000	0.998	0.998	1.009	1.001	1.000
2007	2	1.078	0.933	1.011	1.022	1.000	1.008	0.993	1.010	0.994	1.008	1.001	1.000	1.002	1.004	1.002	1.001	1.001	
2007	3	1.048	1.002	1.007	1.022	1.013	1.007	0.996	1.000	0.997	1.003	0.992	1.003	1.000	1.003	1.000	1.001		
2007	4	1.066	1.019	1.018	1.014	1.001	0.999	1.005	0.996	0.985	1.001	1.000	1.000	1.002	1.007	1.002			
2008	1	1.095	1.019	0.991	1.009	0.996	1.004	0.999	1.007	1.001	0.999	1.000	1.002	0.999	1.002				
2008	2	1.087	1.007	1.031	1.022	0.992	0.994	1.005	0.997	1.006	1.003	1.002	1.004	0.998					
2008	3	0.982	1.002	1.026	1.009	0.991	1.003	1.014	1.001	1.000	0.995	1.001	1.002						
2008	4	1.084	1.016	0.982	0.995	1.017	1.002	0.994	1.000	0.999	0.999	0.999							
2009	1	1.060	1.009	0.988	1.006	1.002	1.003	0.992	1.000	1.003	0.993								
2009	2	1.101	1.030	1.021	1.024	1.001	1.004	1.006	1.002	1.003									
2009	3	1.073	1.033	1.026	1.008	1.003	1.009	0.990	1.006										
2009	4	1.075	1.001	0.998	1.002	1.001	1.005	1.014											
2010	1	1.103	1.006	1.005	1.002	1.005	1.010												
2010	2	1.099	1.046	1.005	1.022	1.000													
2010	3	1.103	1.035	1.026	1.005														
2010	4	1.052	1.007	0.987															
2011	1	1.222	1.129																
2011	2	1.092																	
Average		1.077	1.019	1.009	1.007	1.003	1.003	1.002	1.004	1.002	1.001	1.001	1.001	1.001	1.001	1.000	1.002	1.002	1.002
12-pt Avg		1.087	1.027	1.007	1.010	1.002	1.004	1.001	1.003	0.999	1.002	1.000	1.001	1.001	1.001	1.001	1.002	1.002	
8-pt Avg		1.102	1.036	1.007	1.008	1.003	1.004	1.002	1.001	0.999	1.000	1.000	1.000	1.001	1.003	1.000	1.003	1.003	1.003
Avg Without Max/Min		1.075	1.018	1.009	1.010	1.003	1.004	1.002	1.003	1.001	1.001	1.001	1.002	1.001	1.001	1.001	1.002	1.002	1.000
Weighted Avg		1.047	1.021	1.010	1.009	1.003	1.003	1.002	1.003	1.002	1.001	1.001	1.002	1.001	1.002	1.000	1.002	1.002	1.002
Selected		**1.090**	**1.030**	**1.007**	**1.008**	**1.003**	**1.003**	**1.002**	**1.002**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**

3 to Ultimate	6 to Ultimate	9 to Ultimate	12 to Ultimate	15 to Ultimate	18 to Ultimate	21 to Ultimate	24 to Ultimate	27 to Ultimate	30 to Ultimate	33 to Ultimate	36 to Ultimate	39 to Ultimate	42 to Ultimate	45 to Ultimate	48 to Ultimate	51 to Ultimate	54 to Ultimate
1.163	1.067	1.036	1.028	1.020	1.017	1.014	1.012	1.010	1.009	1.008	1.007	1.006	1.005	1.004	1.003	1.002	1.001

American National Property And Casualty Company
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Countrywide Non-catastrophe Incurred Loss and ALAE Development Factors
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Accident Year	Qtr.	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months	27 Months	30 Months	33 Months	36 Months	39 Months	42 Months	45 Months	48 Months	51 Months	54 Months	57 Months
2004	3	-	416,057	442,032	419,038	415,364	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698	414,698
2004	4	428,414	325,669	344,179	342,430	338,170	336,430	336,100	358,261	358,905	356,071	356,305	356,305	356,305	356,305	356,305	356,305	361,658	362,512	362,512
2005	1	492,720	394,190	401,102	385,956	371,677	368,447	368,665	397,330	376,125	376,952	376,936	377,296	377,472	377,336	377,498	377,606	388,200	385,051	385,091
2005	2	517,531	500,497	456,730	446,364	448,399	448,572	448,572	448,572	448,572	448,572	448,572	448,572	442,540	442,540	442,540	442,540	442,518	426,090	426,090
2005	3	409,815	385,482	417,685	385,844	367,501	373,227	384,351	431,657	430,475	378,156	378,156	378,156	378,156	378,156	378,156	378,156	378,156	378,156	378,156
2005	4	505,313	418,266	420,360	412,987	426,436	412,749	426,263	426,491	426,491	430,288	437,189	444,971	444,971	444,971	444,971	444,971	444,971	444,971	444,971
2006	1	532,310	448,285	456,941	420,609	417,790	414,918	415,726	415,678	417,061	419,344	422,690	424,930	450,305	425,522	425,522	425,522	425,522	425,522	425,522
2006	2	596,330	469,138	457,777	465,761	462,166	501,124	501,174	501,174	501,956	501,956	501,956	501,956	501,956	501,956	501,956	501,956	501,956	501,956	501,956
2006	3	602,611	623,476	609,012	589,915	599,918	853,935	855,737	862,011	862,683	862,683	863,104	834,123	834,223	826,930	827,560	828,020	828,681	828,681	830,266
2006	4	664,676	652,325	570,874	570,526	567,689	545,875	544,463	544,441	544,441	544,441	544,441	544,441	544,441	545,341	545,341	545,341	545,341	545,341	545,791
2007	1	502,634	447,479	451,960	406,448	414,772	408,198	408,198	408,250	418,750	418,997	419,865	419,950	420,876	420,876	412,027	412,027	412,027	412,027	412,027
2007	2	795,703	729,041	721,201	690,656	700,134	700,699	697,281	764,798	762,744	712,502	706,404	706,921	705,584	706,929	706,929	706,929	706,929	706,929	
2007	3	652,092	580,590	601,983	597,587	612,255	611,313	611,905	610,582	611,097	611,097	611,097	611,097	611,097	611,097	611,097	611,097	611,364		
2007	4	597,224	667,768	706,469	682,396	676,589	683,277	722,627	714,762	722,860	724,513	729,411	735,028	727,825	728,092	728,092	717,642			
2008	1	533,921	474,591	467,291	374,092	360,936	360,474	359,924	359,999	359,999	359,999	362,499	364,387	363,248	363,248	363,208				
2008	2	530,554	447,374	468,207	444,100	469,040	459,312	463,724	435,501	444,783	451,855	455,078	456,410	456,557	456,557					
2008	3	705,365	660,145	658,432	650,293	666,649	653,008	720,926	711,573	714,049	715,499	714,599	714,599	714,599						
2008	4	567,263	582,134	558,589	545,961	543,247	543,247	544,337	542,561	490,312	490,095	487,978	487,978							
2009	1	470,684	369,106	358,199	358,849	355,843	352,768	352,768	352,768	352,768	352,768	352,768								
2009	2	638,074	523,382	499,017	496,051	522,653	491,559	489,875	491,825	473,206	477,794									
2009	3	767,546	597,590	612,491	610,967	721,753	715,736	675,638	747,695	747,695										
2009	4	610,664	694,676	732,792	731,907	730,037	724,293	731,120	729,901											
2010	1	1,263,322	1,187,312	1,139,476	1,116,880	1,117,009	1,117,927	1,122,087												
2010	2	789,070	813,181	757,358	704,010	719,643	712,917													
2010	3	991,070	1,017,788	1,011,014	960,471	973,455														
2010	4	1,051,829	980,136	729,810	699,766															
2011	1	551,419	557,728	554,909																
2011	2	615,240	472,248																	
2011	3	589,704																		

Loss & ALAE Development Factors

Accident Year	Qtr.	3 to 6	6 to 9	9 to 12	12 to 15	15 to 18	18 to 21	21 to 24	24 to 27	27 to 30	30 to 33	33 to 36	36 to 39	39 to 42	42 to 45	45 to 48	48 to 51	51 to 54	54 to 57
2004	3		1.062	0.948	0.991	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2004	4	0.760	1.057	0.995	0.988	0.995	0.999	1.066	1.002	0.992	1.001	1.000	1.000	1.000	1.000	1.000	1.015	1.002	1.000
2005	1	0.800	1.018	0.962	0.963	0.991	1.001	1.078	0.947	1.002	1.000	1.001	1.000	1.000	1.000	1.000	1.028	0.992	1.000
2005	2	0.967	0.913	0.977	1.005	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.987	1.000	1.000	1.000	1.000	0.963	1.000
2005	3	0.941	1.084	0.924	0.952	1.016	1.030	1.123	0.997	0.878	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2005	4	0.828	1.005	0.982	1.033	0.968	1.033	1.001	1.000	1.009	1.016	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	1	0.842	1.019	0.920	0.993	0.993	1.002	1.000	1.003	1.005	1.008	1.005	1.060	0.945	1.000	1.000	1.000	1.000	1.000
2006	2	0.787	0.976	1.017	0.992	1.084	1.000	1.000	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
2006	3	1.035	0.977	0.969	1.017	1.423	1.002	1.007	1.001	1.000	1.000	0.966	1.000	0.991	1.001	1.001	1.001	1.000	1.002
2006	4	0.981	0.875	0.999	0.995	0.962	0.997	1.000	1.000	1.000	1.000	1.000	1.000	1.002	1.000	1.000	1.000	1.000	1.001
2007	1	0.890	1.010	0.899	1.020	0.984	1.000	1.000	1.026	1.001	1.002	1.000	1.002	1.000	0.979	1.000	1.000	1.000	1.000
2007	2	0.916	0.989	0.958	1.014	1.001	0.995	1.097	0.997	0.934	0.991	1.001	0.998	1.002	1.000	1.000	1.000	1.000	
2007	3	0.890	1.037	0.993	1.025	0.998	1.001	0.998	1.001	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000		
2007	4	1.118	1.058	0.966	0.991	1.010	1.058	0.989	1.011	1.002	1.007	1.008	0.990	1.000	1.000	0.986			
2008	1	0.889	0.985	0.801	0.965	0.999	0.998	1.000	1.000	1.000	1.007	1.005	0.997	1.000	1.000				
2008	2	0.843	1.047	0.949	1.056	0.979	1.010	0.939	1.021	1.016	1.007	1.003	1.000	1.000					
2008	3	0.936	0.997	0.988	1.025	0.980	1.104	0.987	1.003	1.002	0.999	1.000	1.000						
2008	4	1.026	0.960	0.977	0.995	1.000	1.002	0.997	0.904	1.000	0.996	1.000							
2009	1	0.784	0.970	1.002	0.992	0.991	1.000	1.000	1.000	1.000	1.000								
2009	2	0.820	0.953	0.994	1.054	0.941	0.997	1.004	0.962	1.010									
2009	3	0.779	1.025	0.998	1.181	0.992	0.944	1.107	1.000										
2009	4	1.138	1.055	0.999	0.997	0.992	1.009	0.998											
2010	1	0.940	0.960	0.980	1.000	1.001	1.004												
2010	2	1.031	0.931	0.930	1.022	0.991													
2010	3	1.027	0.993	0.950	1.014														
2010	4	0.932	0.745	0.959															
2011	1	1.011	0.995																
2011	2	0.768																	
Average		0.914	0.989	0.963	1.011	1.012	1.008	1.018	0.994	0.993	1.002	1.000	1.002	0.996	0.999	0.999	1.003	0.996	1.000
12-pt Avg		0.933	0.969	0.960	1.024	0.989	1.010	1.010	0.994	0.997	1.001	0.999	1.004	0.995	0.998	0.999	1.004	0.996	
8-pt Avg		0.953	0.957	0.976	1.032	0.986	1.009	1.004	0.988	1.004	1.001	1.002	0.998	0.999	0.997	0.998	1.000	1.000	1.000
Avg Without Max/Min		0.911	0.995	0.967	1.006	0.997	1.007	1.016	0.997	0.998	1.002	1.001	0.999	0.999	1.000	1.000	1.001	0.999	1.000
Weighted Avg		0.909	0.983	0.966	1.015	1.022	1.009	1.019	0.995	0.993	1.001	0.999	1.001	0.996	0.999	0.999	1.003	0.997	1.000
Selected		**1.080**	**1.020**	**1.008**	**1.008**	**1.003**	**1.003**	**1.002**	**1.002**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**	**1.001**
		3 to Ultimate	6 to Ultimate	9 to Ultimate	12 to Ultimate	15 to Ultimate	18 to Ultimate	21 to Ultimate	24 to Ultimate	27 to Ultimate	30 to Ultimate	33 to Ultimate	36 to Ultimate	39 to Ultimate	42 to Ultimate	45 to Ultimate	48 to Ultimate	51 to Ultimate	54 to Ultimate
		1.142	1.057	1.037	1.028	1.020	1.017	1.014	1.012	1.010	1.009	1.008	1.007	1.006	1.005	1.004	1.003	1.002	1.001

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Dwelling Forms

Accident Year	Qtr.	Latest Data	Developed to Ultimate
2006	3	17,755,288	17,755,288
2006	4	15,943,173	15,943,173
2007	1	21,696,690	21,696,690
2007	2	25,061,925	25,086,987
2007	3	22,720,023	22,765,486
2007	4	18,031,679	18,085,829
2008	1	22,606,660	22,697,222
2008	2	28,274,665	28,416,322
2008	3	23,608,875	23,750,883
2008	4	21,210,529	21,359,449
2009	1	23,514,730	23,703,507
2009	2	33,231,846	33,532,132
2009	3	29,233,117	29,526,767
2009	4	18,533,444	18,757,054
2010	1	26,825,104	27,203,052
2010	2	31,933,630	32,480,704
2010	3	34,745,568	35,446,838
2010	4	23,759,244	24,432,687
2011	1	33,422,612	34,610,548
2011	2	31,960,214	34,089,057

Implied Factors by Fiscal Year

2007	1.000
2008	1.004
2009	1.008
2010	1.014
2011	1.038

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Accident Year	Qtr.	Latest Data	Developed to Ultimate
2006	3	830,266	830,266
2006	4	545,791	545,791
2007	1	412,027	412,027
2007	2	706,929	707,636
2007	3	611,364	612,587
2007	4	717,642	719,797
2008	1	363,208	364,663
2008	2	456,557	458,845
2008	3	714,599	718,898
2008	4	487,978	491,404
2009	1	352,768	355,600
2009	2	477,794	482,111
2009	3	747,695	755,206
2009	4	729,901	738,707
2010	1	1,122,087	1,137,897
2010	2	712,917	725,131
2010	3	973,455	993,102
2010	4	699,766	719,600
2011	1	554,909	575,202
2011	2	472,248	499,309

Implied Factors by Fiscal Year

2007	1.000
2008	1.003
2009	1.007
2010	1.013
2011	1.032

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Loss Trends

Dwelling Forms

Experience Period	Historical Frequency Selection	Historical Severity Selection	Historical Pure Selection	Historical Trend Period	Historical Trend Factor	Prospective Frequency Selection	Prospective Severity Selection	Prospective Pure Selection	Prospective Trend Period	Prospective Trend Factor	Overall Trend Factor
2007	5.5%	4.5%	10.2%	4.000	1.477	5.5%	4.5%	10.2%	2.564	1.284	1.897
2008				3.000	1.340				2.564	1.284	1.721
2009				2.000	1.215				2.564	1.284	1.561
2010				1.000	1.102				2.564	1.284	1.416
2011				0.000	1.000				2.564	1.284	1.284

Contents Forms

Experience Period	Historical Frequency Selection	Historical Severity Selection	Historical Pure Selection	Historical Trend Period	Historical Trend Factor	Prospective Frequency Selection	Prospective Severity Selection	Prospective Pure Selection	Prospective Trend Period	Prospective Trend Factor	Overall Trend Factor
2007	0.0%	3.0%	3.0%	4.000	1.126	1.0%	2.0%	3.0%	2.564	1.079	1.215
2008				3.000	1.093				2.564	1.079	1.179
2009				2.000	1.061				2.564	1.079	1.145
2010				1.000	1.030				2.564	1.079	1.112
2011				0.000	1.000				2.564	1.079	1.079

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas, Colorado, Kansas, Missouri, Nebraska, and Oklahoma
Non-Wind/Hail Catastrophe Loss and ALAE Provision

Year	Frequency	Ultimate Average Severity	4.5% Trend Factor	Exposure Trended Ultimate Average Severity
1994	0.0013	710	2.113	1,500
1995	0.0021	1,291	2.022	2,611
1996	0.0060	1,781	1.935	3,448
1997	0.0013	1,251	1.852	2,317
1998	0.0011	1,904	1.772	3,375
1999	0.0015	994	1.696	1,686
2000	0.0070	1,990	1.623	3,230
2001	0.0005	1,119	1.553	1,738
2002	0.0072	1,829	1.486	2,717
2003	0.0031	7,185	1.422	10,218
2004	0.0003	1,781	1.361	2,424
2005	0.0004	982	1.302	1,279
2006	0.0002	2,876	1.246	3,584
2007	0.0193	3,499	1.193	4,172
2008	0.0008	4,495	1.141	5,129
2009	0.0030	8,026	1.092	8,764
2010	0.0006	33,168	1.045	34,661
2011	0.0032	10,581	1.000	10,581
Average	0.0033			5,746

(1) Average Pure Premium		19
(2) Prospective Severity Trend		4.5%
(3) Trended Average Pure Premium	(1) X [1 + (2)]^(1033/365)	21
(4) Latest Years' Dwelling Earned Exposures		4,843
(5) Latest Years' Trended Earned Premium at Current Rate Level		5,316,843
(6) Projected Non-Wind/Hail Cat. Loss Provision	(3) X (4) / (5)	1.9%
(7) ALAE Factor		1.066
(8) Projected Non-Wind/Hail Cat. Loss and ALAE Provision	(6) X (7)	2.1%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Wind/Hail Loss and ALAE Provision

Year	Frequency	Ultimate Average Severity	4.5% Trend Factor	Exposure Trended Ultimate Average Severity
1994	0.0427	1,885	2.113	3,984
1995	0.0342	1,695	2.022	3,428
1996	0.0950	7,536	1.935	14,585
1997	0.0291	7,888	1.852	14,609
1998	0.0231	1,738	1.772	3,080
1999	0.0747	3,576	1.696	6,065
2000	0.0424	2,185	1.623	3,546
2001	0.0349	2,270	1.553	3,525
2002	0.0327	3,097	1.486	4,602
2003	0.0300	2,877	1.422	4,091
2004	0.0240	3,359	1.361	4,571
2005	0.0129	2,713	1.302	3,533
2006	0.0253	4,296	1.246	5,354
2007	0.0077	2,390	1.193	2,851
2008	0.1182	8,721	1.141	9,953
2009	0.0201	6,407	1.092	6,997
2010	0.0103	7,517	1.045	7,855
2011	0.0359	9,600	1.000	9,600
Average	0.0385			6,235

(1) Average Pure Premium		240
(2) Prospective Severity Trend		4.5%
(3) Trended Average Pure Premium	(1) X [1 + (2)]^(1033/365)	272
(4) Latest Years' Dwelling Earned Exposures		4,843
(5) Latest Years' Trended Earned Premium at Current Rate Level		5,316,843
(6) Projected Wind/Hail Loss Provision	(3) X (4) / (5)	24.8%
(7) ALAE Factor		1.066
(8) Projected Wind/Hail Loss and ALAE Provision	(6) X (7)	26.4%

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	21,270,072	142,666,108	1.149
2010	26,755,539	181,274,310	1.148
Selected			1.148

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Unallocated Loss Adjustment Expense Factor

Companywide Loss Adjustment Expense Factor (4)	Experience Period's Total Incurred Loss (5)	Experience Period's Total ALAE Loss (6)	ALAE Factor (7) = 1 + (6) / (5)	Implied ULAE Factor (8) = (4) / (7)
1.148	835,670,367	54,897,660	1.066	1.078

American National Property And Casualty Company
American National General Insurance Company
Development of Underwriting Expenses
Arkansas
Homeowners

	2009	2010	2011
Direct Written Premium	4,139,249	4,328,352	4,571,475
Commision and Brokerage	484,083	513,464	553,351
Taxes, Licenses, and Fees	121,629	127,288	135,251

		Years 2009	2010	2011	Average	Selected
1)	Commision and Brokerage (% WP)	11.7%	11.9%	12.1%	11.9%	11.9%
2)	Taxes, Licenses, and Fees (% WP)	2.9%	2.9%	3.0%	2.9%	2.9%
3)	Other Acquisition (% EP - Companywide)	3.3%	3.2%	3.0%	3.2%	3.2%
4)	General Expenses (% EP - Companywide)	0.8%	1.1%	1.7%	1.2%	1.2%
5)	Variable Expense Ratio Sum of each years' entries 1) though 4)	18.7%	19.1%	19.8%	19.2%	19.2%

			Dwelling	Contents
6)	Allocated Fixed Expense		238,505	1,168
7)	Latest Years' Trended Earned Premium at Current Rate Level		5,326,044	73,551
8)	Allocated Fixed Expense Ratio	(6) / (7)	4.5%	1.6%

American National Property And Casualty Company
American National General Insurance Company

Average Federal Tax Rate on Investment Income

	Investment Income 2008	Distribution	2008 Federal Income Tax Rate	Investment Income 2009	Distribution	2009 Federal Income Tax Rate	Investment Income 2010	Distribution	2010 Federal Income Tax Rate
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 to 2010									0.256

Investment Income Values Taken From Annual Statement Page 12, "Exhibit of Net Investment Income".
* 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
American National General Insurance Company
Estimated Effect of Investment Income
on Unearned Premium and Loss Reserves
Arkansas
Homeowners

A.	Unearned Premium Reserves		
	1.	Direct Earned Premium from Calendar Year Ended	217,548,000
	2.	Mean Unearned Premium Reserve (A.1.) X (O.4.)	209,557,837
	3.	Deduction for Prepaid Expenses	
		Commision and Brokerage Expense	12.6%
		Taxes, Licenses, and Fees	2.3%
		50% of "Other Acquisition" Expenses	2.0%
		50% of Company Operating Expenses	0.5%
		Total	17.4%
	4.	Federal Corporate Income Tax Rate	35.0%
	5.	(Mean Unearned Premium Reserve) X (Total Prepaid Ded.) (A.2.) X (A.3. Total)	36,358,285
	6.	Tax on Unearned Premium Reserve (Line 2 X .20 X .35) (A.2.) X .20 X (A.4.)	14,669,049
	7.	Net Subject to Investment (A.1.) - (A.5.) - (A.6.)	166,520,667
B.	Delayed Remissions of Premium (Agents' Balances)		
	1.	Direct Earned Premium from Calendar Year Ended 12-31-	217,548,000
	2.	Average Agents' Balances (P.5.)	14.7%
	3.	Delayed Premiums (B.1.) X (B.2.)	31,946,678
C.	Loss Reserve		
	1.	Direct Earned Premium from Calendar Year Ended 12-31-	217,548,000
	2.	Permissible Loss Ratio	65.2%
	3.	Expected Mean Loss Reserves (C.1.) X (C.2.)	141,841,296
	4.	Expected Mean Loss Reserves (C.3) X (Q.10.)	51,692,221
	5.	Tax on Loss & LAE Reserves Discount (C.4.) X [1 - Discount Factor] X (A.4.)	18,092,277
	6.	Adjusted Mean Loss Reserves (C.5.) - (C.4.)	33,599,944
D.	Net Subject to Investment (A.7.) - (B.3.) + (C.6.)		168,173,932
E.	Risk-Free Rate of Return		0.5%
F.	Investment Earning on Net Subject to Investment (D.) X (F.)		840,870
G.	Average Rate of Return as a Percent of Direct Earned Premium (F.) / (A.1.)		0.4%
H.	Average Federal Tax Rate on Investment Income		25.6%
I.	Average Rate of Return as a Percent of Direct Earned Premium After Federal Income Taxes (G.) X [1 - (H.)]		0.3%
J.	After-Tax Target Operating Ratio		10.5%
K.	After-Tax Underwriting Profit Provision Needed in Order to Obtain After-Tax Target Operating Profit of: (J.) - (I.)		10.2%
L.	Provision for Pre-Tax Underwriting Profit (K.) / [1 - (A.4.)]		15.7%
M.	Selected Pre-Tax Underwriting Profit		15.7%

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

N. Percent of Net Earned Premium to Direct Earned Premium

1.	Companywide Direct Written Premium 2010 Homeowners Line	38,678,160
2.	Companywide Reinsurance Ceded to Non-Affiliates 2010 Homeowners Line	12,980,225
3.	Companywide Net Earned Premium 2010 Homeowners Line	26,046,000
4.	Companywide Net Earned Premium, Excluding Reinsurance Ceding (N.3.) - (N.2.)	13,065,775
5.	Net-to-Direct Earned Premium Ratio (N.4.) / (N.1.)	33.8%

O. Mean Unearned Premium Reserve Factor

1.	Net Earned Premium (A.1.) X (N.5.)	9,138,708
2.	Net Unearned Premium Reserve 2010 Homeowners Line as of December 31, 2010	13,918,000
3.	Net Unearned Premium Reserve 2009 Homeowners Line as of December 31, 2009	13,747,000
4.	Average Net Unearned Premium Reserve to Net Earned Premium Ratio [(O.2.) + (O.3.)] / [2 X (O.1.)]	151.4%

P. Average Agents' Balances Factor

1.	Companywide Agents' Balances 2010 Homeowners Line as of December 31, 2010	3,474,000
2.	Companywide Agents' Balances 2009 Homeowners Line as of December 31, 2009	3,369
3.	Net Earned Premium, Percent of Companywide (O.1.) / (N.4.)	69.9%
4.	Average Agents' Balances [(P.1.) + (P.2.)] X (P.3.) / 2	1,216,103
5.	Agents' Balances to Earned Premium Ratio (P.4.) / (O.1.)	13.3%

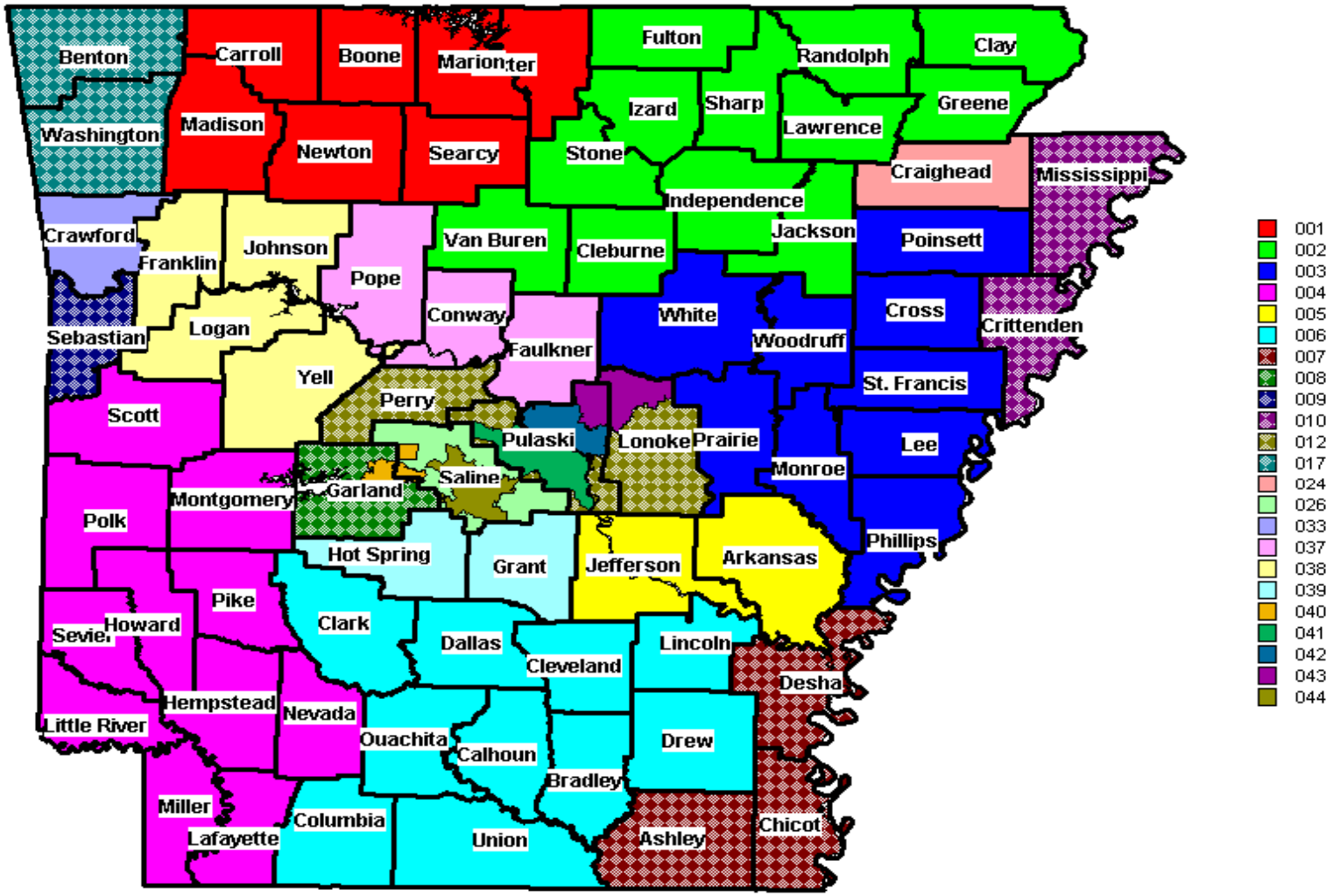
Q. Expected Mean Loss Reserves Factor

1.	Incurred Losses and LAE 2010 Homeowners Line	27,516,000
2.	Incurred Losses and LAE 2009 Homeowners Line	25,923,000
3.	Loss and LAE Reserves 2010 Homeowners Line as of December 31, 2010	8,693,000
4.	Loss and LAE Reserves 2009 Homeowners Line as of December 31, 2009	5,085,000
5.	Loss and LAE Reserves 2008 Homeowners Line as of December 31, 2008	9,998,000
6.	Mean Loss and LAE Reserve 2010 [(Q.3.) + (Q.4.)] / 2	6,889,000
7.	Mean Loss and LAE Reserve 2009 [(Q.4.) + (Q.5.)] / 2	7,541,500
8.	Ratio of 2010 Mean Loss and LAE Reserve to 2010 Incurred Losses (Q.6.) / (Q.1.)	25.0%
9.	Ratio of 2009 Mean Loss and LAE Reserve to 2009 Incurred Losses (Q.7.) / (Q.2.)	29.1%
10.	Average Ratio of Mean Loss and LAE Reserve to Incurred Losses [(Q.8.) + (Q.9.)] / 2	27.1%

American National Property And Casualty Company
American National General Insurance Company
Zone Descriptions
Arkansas
Homeowners

Zone	Description
1	Counties of: Baxter, Boone, Carroll, Madison, Marion, Newton, and Searcy
2	Counties of: Clay, Cleburne, Fulton, Greene, Independence, Izard, Jackson, Lawrence, Randolph, Sharp, Stone, and Van Buren
3	Counties of: Cross, Lee, Monroe, Phillips, Poinsett, Prairie, St. Francis, White, and Woodruff
4	Counties of: Hempstead, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Pike, Polk, Scott, and Sevier
5	Counties of Arkansas and Jefferson
6	Counties of: Bradley, Calhoun, Clark, Cleveland, Columbia, Dallas, Drew, Lincoln, Ouachita, and Union
7	Counties of: Ashley, Chicot, and Desha
8	Remainder of Garland County
9	Sebastian County
10	Counties of Crittenden and Mississippi
12	Perry County and Remainder of Lonoke and Pulaski Counties
17	Counties of Benton and Washington
24	Craighead County
26	Remainder of Saline County
33	Crawford County
37	Counties of: Conway, Faulkner, and Pope
38	Counties of: Franklin, Johnson, Logan, and Yell
39	Counties of Grant and Hot Spring
40	In Garland and Saline Counties, ZIP Code 71909
41	The following ZIP Codes in Pulaski County: 72201, 72202, 72204, 72205, 72206, 72207, 72209, 72210, 72211, 72212, 72223, 72227
42	The following ZIP Codes in Pulaski County: 72113, 72114, 72116, 72117, 72118, 72120, 72199
43	The following ZIP Codes in Lonoke and Pulaski Counties: 72007, 72023, 72076, 72176, 72099
44	The following ZIP Codes in Saline County: 72015, 72019, 72022

American National Property And Casualty Company
American National General Insurance Company
Zone Map
Arkansas



American National Property And Casualty Company
American National General Insurance Company
Arkansas
Homeowners
Dwelling Forms

All Peril Zone Relativity Analysis

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Zone	**Projected Loss Ratio**	**Projected All Other Peril Loss and Fixed Exp Relativity**	**Balanced Projected All Other Peril Loss and Fixed Exp Relativity**	**Shelter Competitor Relativity**	**Nationwide Competitor Relativity**	**Selected Relativity Change**	**Capped Change All Other Peril**	**Balanced Capped Change All Other Peril**	**Current Rates Zone Relativity All Other Peril**	**Proposed Rates Zone Relativity All Other Peril**
001	48.6%	0.539	0.533	1.056	0.993	0.993	0.993	1.001	0.904	0.905
002	83.7%	0.929	0.918	1.226	1.089	1.226	1.092	1.100	0.836	0.920
003	107.2%	1.189	1.176	0.771	0.860	0.860	0.893	0.900	1.520	1.368
004	333.7%	3.702	3.660	0.976	0.964	0.976	0.976	0.983	1.100	1.081
005	34.9%	0.387	0.382	1.033	0.944	0.897	0.897	0.904	1.136	1.027
006	75.5%	0.837	0.828	0.971	0.989	0.989	0.989	0.995	1.105	1.100
007	27.6%	0.306	0.302	0.989	1.123	0.989	0.989	0.996	1.158	1.153
008	115.1%	1.277	1.262	0.911	0.979	0.979	0.979	0.987	1.025	1.012
009	81.8%	0.907	0.897	0.993	0.993	0.993	0.993	0.999	1.075	1.074
010	24.4%	0.271	0.267	0.734	0.756	0.734	0.893	0.900	1.328	1.195
012	28.3%	0.314	0.310	0.736	0.830	0.736	0.893	0.900	1.264	1.138
017	92.3%	1.024	1.013	1.012	1.011	1.011	1.011	1.019	0.901	0.918
024	44.0%	0.489	0.483	0.884	0.953	0.884	0.893	0.900	1.149	1.034
026	30.9%	0.342	0.338	0.904	1.025	0.904	0.904	0.910	1.078	0.981
033	157.5%	1.748	1.728	1.013	0.908	1.013	1.013	1.019	1.175	1.198
037	115.0%	1.276	1.261	1.184	1.117	1.184	1.092	1.100	0.867	0.954
038	199.5%	2.214	2.188	1.248	1.211	1.248	1.092	1.100	0.840	0.924
039	53.1%	0.589	0.583	0.852	0.975	0.852	0.893	0.900	1.134	1.020
040	71.0%	0.787	0.778	1.216	1.308	1.216	1.092	1.100	0.767	0.844
041	51.7%	0.574	0.567	0.851	0.911	0.851	0.893	0.900	1.236	1.113
042	45.2%	0.501	0.496	0.880	0.977	0.880	0.893	0.900	1.153	1.038
043	45.8%	0.508	0.503	0.890	0.979	0.890	0.893	0.900	1.151	1.036
044	50.7%	0.562	0.556	0.904	1.025	0.904	0.904	0.910	1.078	0.981
Total	**63.4%**	**1.012**	**1.000**	**1.000**	**1.000**	**1.000**	**0.993**	**1.000**	**1.000**	**1.000**

(4) = (3) / (Total 3)
(8) = MAX{ MIN{ (7) , 1.100 x (Total 8) } , 0.900 x (Total 8) }
(9) = (8) / (Total 8)
(11) = (10) x (9)

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-3 Frame Base Rate

Zone	Current Base Rate	Current Base Rate Relativity	Proposed Base Rate Relativity	Proposed Base Rate	Base Rate Change
001	1955	0.904	0.905	2619	34.0%
002	1808	0.836	0.920	2661	47.2%
003	3287	1.520	1.368	3959	20.4%
004	2378	1.100	1.081	3128	31.5%
005	2456	1.136	1.027	2971	21.0%
006	2390	1.105	1.100	3184	33.2%
007	2504	1.158	1.153	3336	33.2%
008	2216	1.025	1.012	2927	32.1%
009	2326	1.075	1.074	3110	33.7%
010	2872	1.328	1.195	3459	20.4%
012	2734	1.264	1.138	3293	20.4%
017	1949	0.901	0.918	2657	36.3%
024	2484	1.149	1.034	2992	20.5%
026	2332	1.078	0.981	2841	21.8%
033	2542	1.175	1.198	3467	36.4%
037	1876	0.867	0.954	2761	47.2%
038	1817	0.840	0.924	2675	47.2%
039	2452	1.134	1.020	2953	20.4%
040	1659	0.767	0.844	2442	47.2%
041	2674	1.236	1.113	3220	20.4%
042	2494	1.153	1.038	3004	20.4%
043	2489	1.151	1.036	2998	20.4%
044	2332	1.078	0.981	2841	21.8%
Total	**2,163**			**2,894**	**33.8%**

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-7 Frame Base Rate

Zone	Current Base Rate	Proposed SH-3 Base Rate	SH-7 to SH-3 Differential	Proposed Base Rate	Base Rate Change
001	2287	2619	1.170	3064	34.0%
002	2115	2661	1.170	3113	47.2%
003	3846	3959	1.170	4632	20.4%
004	2782	3128	1.170	3660	31.6%
005	2874	2971	1.170	3476	20.9%
006	2796	3184	1.170	3725	33.2%
007	2930	3336	1.170	3903	33.2%
008	2593	2927	1.170	3425	32.1%
009	2721	3110	1.170	3639	33.7%
010	3360	3459	1.170	4047	20.4%
012	3199	3293	1.170	3853	20.4%
017	2280	2657	1.170	3109	36.4%
024	2906	2992	1.170	3501	20.5%
026	2728	2841	1.170	3324	21.8%
033	2974	3467	1.170	4056	36.4%
037	2195	2761	1.170	3230	47.2%
038	2126	2675	1.170	3130	47.2%
039	2869	2953	1.170	3455	20.4%
040	1941	2442	1.170	2857	47.2%
041	3129	3220	1.170	3767	20.4%
042	2918	3004	1.170	3515	20.5%
043	2912	2998	1.170	3508	20.5%
044	2728	2841	1.170	3324	21.8%
Total	**2,530**			**3,387**	**33.8%**

American National General Insurance Company
Arkansas
Homeowners
Form SH-3 Frame Base Rate

Zone	Current Base Rate	Proposed ANP SH-3 Base Rate	ANGIC to ANPAC Differential	Proposed Base Rate	Base Rate Change
001	1877	2619	0.928	2430	29.5%
002	1736	2661	0.928	2469	42.2%
003	3156	3959	0.928	3674	16.4%
004	2283	3128	0.928	2903	27.2%
005	2358	2971	0.928	2757	16.9%
006	2294	3184	0.928	2955	28.8%
007	2404	3336	0.928	3096	28.8%
008	2127	2927	0.928	2716	27.7%
009	2233	3110	0.928	2886	29.2%
010	2757	3459	0.928	3210	16.4%
012	2625	3293	0.928	3056	16.4%
017	1871	2657	0.928	2466	31.8%
024	2385	2992	0.928	2777	16.4%
026	2239	2841	0.928	2636	17.7%
033	2440	3467	0.928	3217	31.8%
037	1801	2761	0.928	2562	42.3%
038	1744	2675	0.928	2482	42.3%
039	2354	2953	0.928	2740	16.4%
040	1593	2442	0.928	2266	42.2%
041	2567	3220	0.928	2988	16.4%
042	2394	3004	0.928	2788	16.5%
043	2389	2998	0.928	2782	16.5%
044	2239	2841	0.928	2636	17.7%
Total	**2,076**			**2,686**	**29.4%**

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-4 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	153	157	2.6%
002	153	157	2.6%
003	153	157	2.6%
004	153	157	2.6%
005	153	157	2.6%
006	153	157	2.6%
007	153	157	2.6%
008	153	157	2.6%
009	153	157	2.6%
010	153	157	2.6%
012	189	194	2.6%
017	153	157	2.6%
024	153	157	2.6%
026	153	157	2.6%
033	153	157	2.6%
037	153	157	2.6%
038	153	157	2.6%
039	153	157	2.6%
040	153	157	2.6%
041	189	194	2.6%
042	189	194	2.6%
043	189	194	2.6%
044	153	157	2.6%

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-6 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	206	212	2.9%
002	206	212	2.9%
003	206	212	2.9%
004	206	212	2.9%
005	206	212	2.9%
006	206	212	2.9%
007	206	212	2.9%
008	206	212	2.9%
009	206	212	2.9%
010	206	212	2.9%
012	255	262	2.7%
017	206	212	2.9%
024	206	212	2.9%
026	206	212	2.9%
033	206	212	2.9%
037	206	212	2.9%
038	206	212	2.9%
039	206	212	2.9%
040	206	212	2.9%
041	255	262	2.7%
042	255	262	2.7%
043	255	262	2.7%
044	206	212	2.9%

American National General Insurance Company
Arkansas
Homeowners
Form SH-4 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	147	146	-0.7%
002	147	146	-0.7%
003	147	146	-0.7%
004	147	146	-0.7%
005	147	146	-0.7%
006	147	146	-0.7%
007	147	146	-0.7%
008	147	146	-0.7%
009	147	146	-0.7%
010	147	146	-0.7%
012	181	180	-0.6%
017	147	146	-0.7%
024	147	146	-0.7%
026	147	146	-0.7%
033	147	146	-0.7%
037	147	146	-0.7%
038	147	146	-0.7%
039	147	146	-0.7%
040	147	146	-0.7%
041	181	180	-0.6%
042	181	180	-0.6%
043	181	180	-0.6%
044	147	146	-0.7%

American National General Insurance Company
Arkansas
Homeowners
Form SH-6 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	198	197	-0.5%
002	198	197	-0.5%
003	198	197	-0.5%
004	198	197	-0.5%
005	198	197	-0.5%
006	198	197	-0.5%
007	198	197	-0.5%
008	198	197	-0.5%
009	198	197	-0.5%
010	198	197	-0.5%
012	244	243	-0.4%
017	198	197	-0.5%
024	198	197	-0.5%
026	198	197	-0.5%
033	198	197	-0.5%
037	198	197	-0.5%
038	198	197	-0.5%
039	198	197	-0.5%
040	198	197	-0.5%
041	244	243	-0.4%
042	244	243	-0.4%
043	244	243	-0.4%
044	198	197	-0.5%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Current Deductible Factors
Forms 3 & 7
All Zones

Policy	All Peril								0.5% Wind Hail		1% Wind Hail		
Amount	$500*	$1,000	$2,000	$3,000	$5,000	0.5%	1%	2%	$1,000	$2,000	$500	$1,000	$2,000
$15,000	12%	0%	-15%	-29%	-57%	0%	0%	-15%	0%	-15%	6%	0%	-15%
$20,000	12%	0%	-15%	-29%	-56%	0%	0%	-15%	0%	-15%	6%	0%	-15%
$25,000	12%	0%	-15%	-28%	-55%	0%	0%	-15%	0%	-15%	6%	0%	-15%
$30,000	11%	0%	-14%	-28%	-55%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$35,000	11%	0%	-14%	-28%	-54%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$40,000	11%	0%	-14%	-27%	-54%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$45,000	11%	0%	-14%	-27%	-53%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$50,000	11%	0%	-14%	-27%	-53%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$55,000	11%	0%	-14%	-26%	-52%	0%	0%	-14%	0%	-14%	6%	0%	-14%
$60,000	11%	0%	-13%	-26%	-52%	0%	0%	-13%	0%	-13%	6%	0%	-13%
$65,000	11%	0%	-13%	-26%	-52%	0%	0%	-13%	0%	-13%	6%	0%	-13%
$70,000	11%	0%	-13%	-26%	-51%	0%	0%	-13%	0%	-13%	6%	0%	-13%
$75,000	11%	0%	-13%	-26%	-51%	0%	0%	-13%	0%	-13%	6%	0%	-13%
$80,000	11%	0%	-13%	-25%	-51%	0%	0%	-13%	0%	-13%	6%	0%	-13%
$85,000	10%	0%	-13%	-25%	-50%	0%	0%	-13%	0%	-13%	5%	0%	-13%
$90,000	10%	0%	-13%	-25%	-50%	0%	0%	-13%	0%	-13%	5%	0%	-13%
$95,000	10%	0%	-13%	-25%	-50%	0%	0%	-13%	0%	-13%	5%	0%	-13%
$100,000	10%	0%	-13%	-25%	-49%	0%	0%	-13%	0%	-13%	5%	0%	-13%
$105,000	10%	0%	-12%	-24%	-48%	0%	-1%	-14%	0%	-12%	5%	-1%	-12%
$110,000	10%	0%	-12%	-23%	-47%	0%	-2%	-15%	0%	-12%	4%	-1%	-12%
$115,000	10%	0%	-12%	-23%	-46%	0%	-2%	-15%	0%	-12%	4%	-1%	-12%
$120,000	10%	0%	-12%	-22%	-44%	0%	-2%	-15%	0%	-12%	4%	-1%	-12%
$125,000	10%	0%	-11%	-22%	-43%	0%	-3%	-17%	0%	-11%	4%	-2%	-11%
$130,000	9%	0%	-11%	-21%	-43%	0%	-3%	-17%	0%	-11%	3%	-2%	-11%
$135,000	9%	0%	-10%	-21%	-41%	0%	-4%	-18%	0%	-10%	3%	-2%	-10%
$140,000	9%	0%	-10%	-20%	-40%	0%	-4%	-18%	0%	-10%	3%	-2%	-10%
$145,000	9%	0%	-10%	-20%	-39%	0%	-5%	-19%	0%	-10%	2%	-3%	-10%
$150,000	9%	0%	-10%	-19%	-39%	0%	-5%	-19%	0%	-10%	2%	-3%	-10%
$155,000	9%	0%	-10%	-18%	-37%	0%	-5%	-20%	0%	-10%	2%	-3%	-10%
$160,000	9%	0%	-9%	-18%	-37%	0%	-5%	-20%	0%	-9%	2%	-3%	-9%
$165,000	8%	0%	-9%	-18%	-36%	0%	-6%	-21%	0%	-9%	1%	-3%	-9%
$170,000	8%	0%	-9%	-18%	-35%	0%	-6%	-22%	0%	-9%	1%	-3%	-9%
$175,000	8%	0%	-9%	-17%	-34%	0%	-6%	-22%	0%	-9%	1%	-3%	-9%
$200,000	8%	0%	-8%	-15%	-31%	0%	-8%	-24%	0%	-8%	0%	-4%	-9%
$250,000	7%	0%	-7%	-13%	-26%	-1%	-10%	-26%	-1%	-7%	-2%	-5%	-9%
$300,000	7%	0%	-6%	-11%	-23%	-3%	-11%	-27%	-2%	-6%	-2%	-6%	-9%
$350,000	7%	0%	-5%	-10%	-20%	-4%	-12%	-28%	-2%	-5%	-3%	-6%	-9%
$400,000	6%	0%	-5%	-9%	-18%	-5%	-13%	-29%	-3%	-5%	-4%	-7%	-9%
$500,000	5%	0%	-4%	-8%	-14%	-6%	-14%	-30%	-3%	-5%	-5%	-7%	-9%
$600,000	5%	0%	-3%	-6%	-13%	-6%	-15%	-31%	-3%	-5%	-5%	-8%	-9%
$750,000	5%	0%	-3%	-5%	-11%	-7%	-16%	-32%	-4%	-5%	-6%	-8%	-10%
$1,000,000	5%	0%	-2%	-4%	-9%	-9%	-16%	-32%	-5%	-6%	-6%	-8%	-10%
$1,500,000	5%	0%	-2%	-3%	-6%	-9%	-17%	-33%	-5%	-6%	-6%	-9%	-10%
$2,000,000	5%	0%	-2%	-3%	-5%	-9%	-17%	-34%	-5%	-6%	-6%	-9%	-10%
$2,500,000	5%	0%	-1%	-2%	-3%	-9%	-17%	-34%	-5%	-6%	-6%	-9%	-10%

Primary Deductible Minimum	$1,000	$1,000	$2,000						
Secondary Deductible Minimum				$1,000	$2,000	$1,000	$1,000	$2,000	

* $500 All Peril Deductible is only available for ANPAC Renewals and Transfers that already have the deductible.

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Proposed Deductible Factors
Forms 3 & 7
All Zones

Policy	All Peril								0.5% Wind Hail		1% Wind Hail		
Amount	$500*	$1,000	$2,000	$3,000	$5,000	0.5%	1%	2%	$1,000	$2,000	$500	$1,000	$2,000
$15,000	9%	0%	-16%	-29%	-50%	0%	0%	-16%	0%	-10%	5%	0%	-10%
$20,000	9%	0%	-15%	-28%	-48%	0%	0%	-15%	0%	-9%	5%	0%	-9%
$25,000	8%	0%	-15%	-27%	-47%	0%	0%	-15%	0%	-9%	5%	0%	-9%
$30,000	8%	0%	-14%	-26%	-45%	0%	0%	-14%	0%	-8%	5%	0%	-8%
$35,000	8%	0%	-14%	-25%	-44%	0%	0%	-14%	0%	-8%	5%	0%	-8%
$40,000	7%	0%	-13%	-25%	-43%	0%	0%	-13%	0%	-8%	4%	0%	-8%
$45,000	7%	0%	-13%	-24%	-42%	0%	0%	-13%	0%	-8%	4%	0%	-8%
$50,000	7%	0%	-12%	-23%	-41%	0%	0%	-12%	0%	-7%	4%	0%	-7%
$55,000	7%	0%	-12%	-23%	-40%	0%	0%	-12%	0%	-7%	4%	0%	-7%
$60,000	6%	0%	-12%	-22%	-39%	0%	0%	-12%	0%	-7%	4%	0%	-7%
$65,000	6%	0%	-11%	-21%	-38%	0%	0%	-11%	0%	-7%	4%	0%	-7%
$70,000	6%	0%	-11%	-21%	-37%	0%	0%	-11%	0%	-7%	4%	0%	-7%
$75,000	6%	0%	-11%	-20%	-37%	0%	0%	-11%	0%	-7%	4%	0%	-7%
$80,000	6%	0%	-10%	-20%	-36%	0%	0%	-10%	0%	-6%	4%	0%	-6%
$85,000	6%	0%	-10%	-19%	-35%	0%	0%	-10%	0%	-6%	4%	0%	-6%
$90,000	5%	0%	-10%	-19%	-34%	0%	0%	-10%	0%	-6%	3%	0%	-6%
$95,000	5%	0%	-10%	-19%	-34%	0%	0%	-10%	0%	-6%	3%	0%	-6%
$100,000	5%	0%	-10%	-18%	-33%	0%	0%	-10%	0%	-6%	3%	0%	-6%
$105,000	5%	0%	-9%	-18%	-32%	0%	0%	-10%	0%	-5%	3%	0%	-5%
$110,000	5%	0%	-9%	-17%	-31%	0%	-1%	-11%	0%	-5%	3%	0%	-6%
$115,000	5%	0%	-9%	-17%	-31%	0%	-1%	-11%	0%	-5%	3%	0%	-6%
$120,000	5%	0%	-8%	-16%	-30%	0%	-2%	-12%	0%	-5%	2%	-1%	-6%
$125,000	4%	0%	-8%	-16%	-29%	0%	-2%	-12%	0%	-5%	2%	-1%	-6%
$130,000	4%	0%	-8%	-16%	-29%	0%	-3%	-13%	0%	-5%	1%	-1%	-6%
$135,000	4%	0%	-8%	-15%	-28%	0%	-3%	-13%	0%	-5%	1%	-1%	-6%
$140,000	4%	0%	-8%	-15%	-28%	0%	-3%	-13%	0%	-5%	1%	-1%	-6%
$145,000	4%	0%	-8%	-15%	-27%	0%	-3%	-14%	0%	-5%	1%	-1%	-6%
$150,000	4%	0%	-7%	-14%	-26%	0%	-4%	-14%	0%	-4%	1%	-2%	-6%
$155,000	4%	0%	-7%	-14%	-26%	0%	-4%	-15%	0%	-4%	1%	-2%	-6%
$160,000	4%	0%	-7%	-14%	-25%	0%	-4%	-15%	0%	-4%	1%	-2%	-6%
$165,000	4%	0%	-7%	-13%	-25%	0%	-5%	-15%	0%	-4%	0%	-2%	-6%
$170,000	4%	0%	-7%	-13%	-24%	0%	-5%	-15%	0%	-4%	0%	-2%	-6%
$175,000	3%	0%	-7%	-13%	-24%	0%	-5%	-16%	0%	-4%	0%	-2%	-6%
$200,000	3%	0%	-6%	-11%	-22%	0%	-6%	-17%	0%	-4%	-1%	-2%	-6%
$250,000	3%	0%	-5%	-10%	-18%	-1%	-7%	-18%	0%	-3%	-1%	-3%	-6%
$300,000	2%	0%	-4%	-9%	-16%	-2%	-9%	-20%	-1%	-2%	-2%	-4%	-6%
$350,000	2%	0%	-4%	-8%	-15%	-3%	-10%	-21%	-1%	-2%	-3%	-4%	-6%
$400,000	2%	0%	-4%	-7%	-14%	-4%	-10%	-23%	-2%	-2%	-3%	-4%	-6%
$500,000	2%	0%	-3%	-6%	-12%	-5%	-12%	-24%	-2%	-2%	-4%	-5%	-7%
$600,000	1%	0%	-3%	-5%	-10%	-5%	-12%	-25%	-2%	-2%	-4%	-5%	-7%
$750,000	1%	0%	-2%	-4%	-8%	-6%	-13%	-27%	-2%	-1%	-5%	-5%	-6%
$1,000,000	1%	0%	-2%	-3%	-7%	-7%	-14%	-28%	-3%	-1%	-5%	-6%	-7%
$1,500,000	1%	0%	-1%	-2%	-5%	-7%	-15%	-29%	-3%	-1%	-5%	-6%	-7%
$2,000,000	1%	0%	-1%	-2%	-4%	-8%	-16%	-30%	-3%	-1%	-5%	-6%	-7%
$2,500,000	1%	0%	-1%	-2%	-3%	-8%	-16%	-30%	-3%	-1%	-5%	-6%	-7%

Primary Deductible Minimum				$1,000	$1,000	$2,000		
Secondary Deductible Minimum							$1,000	$2,000	$1,000	$1,000	$2,000

* $500 All Peril Deductible is only available for ANPAC Renewals and Transfers that already have the deductible.

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Deductible Factors Percent Change
Forms 3 & 7
All Zones

Policy	All Peril								0.5% Wind Hail		1% Wind Hail		
Amount	$500*	$1,000	$2,000	$3,000	$5,000	0.5%	1%	2%	$1,000	$2,000	$500	$1,000	$2,000
$15,000	-3%	0%	-1%	0%	16%	0%	0%	-1%	0%	6%	-1%	0%	6%
$20,000	-3%	0%	0%	1%	18%	0%	0%	0%	0%	7%	-1%	0%	7%
$25,000	-4%	0%	0%	1%	18%	0%	0%	0%	0%	7%	-1%	0%	7%
$30,000	-3%	0%	0%	3%	22%	0%	0%	0%	0%	7%	-1%	0%	7%
$35,000	-3%	0%	0%	4%	22%	0%	0%	0%	0%	7%	-1%	0%	7%
$40,000	-4%	0%	1%	3%	24%	0%	0%	1%	0%	7%	-2%	0%	7%
$45,000	-4%	0%	1%	4%	23%	0%	0%	1%	0%	7%	-2%	0%	7%
$50,000	-4%	0%	2%	5%	26%	0%	0%	2%	0%	8%	-2%	0%	8%
$55,000	-4%	0%	2%	4%	25%	0%	0%	2%	0%	8%	-2%	0%	8%
$60,000	-5%	0%	1%	5%	27%	0%	0%	1%	0%	7%	-2%	0%	7%
$65,000	-5%	0%	2%	7%	29%	0%	0%	2%	0%	7%	-2%	0%	7%
$70,000	-5%	0%	2%	7%	29%	0%	0%	2%	0%	7%	-2%	0%	7%
$75,000	-5%	0%	2%	8%	29%	0%	0%	2%	0%	7%	-2%	0%	7%
$80,000	-5%	0%	3%	7%	31%	0%	0%	3%	0%	8%	-2%	0%	8%
$85,000	-4%	0%	3%	8%	30%	0%	0%	3%	0%	8%	-1%	0%	8%
$90,000	-5%	0%	3%	8%	32%	0%	0%	3%	0%	8%	-2%	0%	8%
$95,000	-5%	0%	3%	8%	32%	0%	0%	3%	0%	8%	-2%	0%	8%
$100,000	-5%	0%	3%	9%	31%	0%	0%	3%	0%	8%	-2%	0%	8%
$105,000	-5%	0%	3%	8%	31%	0%	1%	5%	0%	8%	-2%	1%	8%
$110,000	-5%	0%	3%	8%	30%	0%	1%	5%	0%	8%	-1%	1%	7%
$115,000	-5%	0%	3%	8%	28%	0%	1%	5%	0%	8%	-1%	1%	7%
$120,000	-5%	0%	5%	8%	25%	0%	0%	4%	0%	8%	-2%	0%	7%
$125,000	-5%	0%	3%	8%	25%	0%	1%	6%	0%	7%	-2%	1%	6%
$130,000	-5%	0%	3%	6%	25%	0%	0%	5%	0%	7%	-2%	1%	6%
$135,000	-5%	0%	2%	8%	22%	0%	1%	6%	0%	6%	-2%	1%	4%
$140,000	-5%	0%	2%	6%	20%	0%	1%	6%	0%	6%	-2%	1%	4%
$145,000	-5%	0%	2%	6%	20%	0%	2%	6%	0%	6%	-1%	2%	4%
$150,000	-5%	0%	3%	6%	21%	0%	1%	6%	0%	7%	-1%	1%	4%
$155,000	-5%	0%	3%	5%	17%	0%	1%	6%	0%	7%	-1%	1%	4%
$160,000	-5%	0%	2%	5%	19%	0%	1%	6%	0%	5%	-1%	1%	3%
$165,000	-4%	0%	2%	6%	17%	0%	1%	8%	0%	5%	-1%	1%	3%
$170,000	-4%	0%	2%	6%	17%	0%	1%	9%	0%	5%	-1%	1%	3%
$175,000	-5%	0%	2%	5%	15%	0%	1%	8%	0%	5%	-1%	1%	3%
$200,000	-5%	0%	2%	5%	13%	0%	2%	9%	0%	4%	-1%	2%	3%
$250,000	-4%	0%	2%	3%	11%	0%	3%	11%	1%	4%	1%	2%	3%
$300,000	-5%	0%	2%	2%	9%	1%	2%	10%	1%	4%	0%	2%	3%
$350,000	-5%	0%	1%	2%	6%	1%	2%	10%	1%	3%	0%	2%	3%
$400,000	-4%	0%	1%	2%	5%	1%	3%	8%	1%	3%	1%	3%	3%
$500,000	-3%	0%	1%	2%	2%	1%	2%	9%	1%	3%	1%	2%	2%
$600,000	-4%	0%	0%	1%	3%	1%	4%	9%	1%	3%	1%	3%	2%
$750,000	-4%	0%	1%	1%	3%	1%	4%	7%	2%	4%	1%	3%	4%
$1,000,000	-4%	0%	0%	1%	2%	2%	2%	6%	2%	5%	1%	2%	3%
$1,500,000	-4%	0%	1%	1%	1%	2%	2%	6%	2%	5%	1%	3%	3%
$2,000,000	-4%	0%	1%	1%	1%	1%	1%	6%	2%	5%	1%	3%	3%
$2,500,000	-4%	0%	0%	0%	0%	1%	1%	6%	2%	5%	1%	3%	3%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Current UL/Concrete, Clay Tile, Slate, Composite Wood Fiber/Cement, or Metal Roofs
Total Discount Including Standard Roof Discount

	UL/FM Class 1	UL/FM Class 2	UL/FM Class 3	UL/FM Class 4	Concrete/Clay Tile, Slate, or Composite Wood Fiber/Cement	Metal
Current Year	-35%	-35%	-41%	-44%	-47%	-35%
1st Preceding	-33%	-33%	-39%	-42%	-45%	-33%
2nd Preceding	-32%	-32%	-38%	-41%	-44%	-32%
3rd Preceding	-30%	-30%	-36%	-39%	-42%	-30%
4th Preceding	-28%	-28%	-34%	-37%	-40%	-28%
5th Preceding	-26%	-26%	-31%	-34%	-38%	-26%
6th Preceding	-23%	-23%	-28%	-30%	-34%	-23%
7th Preceding	-21%	-21%	-26%	-28%	-32%	-21%
8th Preceding	-18%	-18%	-22%	-24%	-29%	-18%
9th Preceding	-15%	-15%	-18%	-20%	-26%	-15%
10th Preceding	-11%	-11%	-14%	-16%	-21%	-11%
11th Preceding	-7%	-7%	-9%	-11%	-17%	-7%
12th Preceding	-3%	-3%	-5%	-7%	-13%	-3%
13th Preceding	0%	0%	-2%	-4%	-9%	0%
14th Preceding	0%	0%	-1%	-3%	-9%	0%
15th Preceding	0%	0%	-1%	-3%	-9%	0%
16th Preceding	0%	0%	0%	-2%	-8%	0%
17th Preceding	0%	0%	0%	-2%	-8%	0%
18th Preceding	0%	0%	0%	-1%	-8%	0%
19th Preceding	0%	0%	0%	-1%	-7%	0%
20th Preceding	0%	0%	0%	0%	-7%	0%
21st Preceding	0%	0%	0%	0%	-7%	0%
22nd Preceding	0%	0%	0%	0%	-6%	0%
23rd Preceding	0%	0%	0%	0%	-6%	0%
24th Preceding	0%	0%	0%	0%	-6%	0%
25th Preceding	0%	0%	0%	0%	-5%	0%
26th Preceding	0%	0%	0%	0%	-5%	0%
27th Preceding	0%	0%	0%	0%	-5%	0%
28th Preceding	0%	0%	0%	0%	-4%	0%
29th Preceding	0%	0%	0%	0%	-4%	0%
30th Preceding	0%	0%	0%	0%	-4%	0%
31st Preceding	0%	0%	0%	0%	-3%	0%
32nd Preceding	0%	0%	0%	0%	-3%	0%
33rd Preceding	0%	0%	0%	0%	-3%	0%
34th Preceding	0%	0%	0%	0%	-2%	0%
35th Preceding	0%	0%	0%	0%	-2%	0%
36th Preceding	0%	0%	0%	0%	-2%	0%
37th Preceding	0%	0%	0%	0%	-1%	0%
38th Preceding	0%	0%	0%	0%	-1%	0%
39th Preceding	0%	0%	0%	0%	-1%	0%
40th and All Additional Preceding	0%	0%	0%	0%	0%	0%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Proposed UL/Concrete, Clay Tile, Slate, Composite Wood Fiber/Cement, or Metal Roofs
Total Discount Including Standard Roof Discount

	UL/FM Class 1	UL/FM Class 2	UL/FM Class 3	UL/FM Class 4	Concrete/Clay Tile, Slate, or Composite Wood Fiber/Cement	Metal
Current Year	-36%	-36%	-38%	-40%	-41%	-41%
1st Preceding	-34%	-35%	-37%	-39%	-40%	-40%
2nd Preceding	-33%	-34%	-36%	-38%	-40%	-40%
3rd Preceding	-31%	-32%	-35%	-37%	-40%	-40%
4th Preceding	-30%	-31%	-34%	-36%	-39%	-39%
5th Preceding	-28%	-29%	-32%	-35%	-39%	-39%
6th Preceding	-25%	-26%	-30%	-33%	-37%	-37%
7th Preceding	-23%	-24%	-29%	-32%	-38%	-38%
8th Preceding	-21%	-22%	-27%	-31%	-37%	-37%
9th Preceding	-18%	-20%	-25%	-29%	-36%	-36%
10th Preceding	-14%	-17%	-22%	-27%	-35%	-35%
11th Preceding	-11%	-13%	-20%	-25%	-34%	-34%
12th Preceding	-8%	-10%	-17%	-23%	-33%	-33%
13th Preceding	-3%	-7%	-14%	-21%	-32%	-32%
14th Preceding	0%	-3%	-12%	-19%	-32%	-32%
15th Preceding	0%	0%	-9%	-17%	-31%	-31%
16th Preceding	0%	0%	-6%	-15%	-31%	-31%
17th Preceding	0%	0%	-3%	-13%	-31%	-31%
18th Preceding	0%	0%	0%	-11%	-30%	-30%
19th Preceding	0%	0%	0%	-8%	-30%	-30%
20th Preceding	0%	0%	0%	-6%	-29%	-29%
21st Preceding	0%	0%	0%	-3%	-28%	-28%
22nd Preceding	0%	0%	0%	0%	-28%	-28%
23rd Preceding	0%	0%	0%	0%	-27%	-27%
24th Preceding	0%	0%	0%	0%	-26%	-26%
25th Preceding	0%	0%	0%	0%	-25%	-25%
26th Preceding	0%	0%	0%	0%	-24%	-24%
27th Preceding	0%	0%	0%	0%	-23%	-23%
28th Preceding	0%	0%	0%	0%	-22%	-22%
29th Preceding	0%	0%	0%	0%	-20%	-20%
30th Preceding	0%	0%	0%	0%	-19%	-19%
31st Preceding	0%	0%	0%	0%	-18%	-18%
32nd Preceding	0%	0%	0%	0%	-16%	-16%
33rd Preceding	0%	0%	0%	0%	-14%	-14%
34th Preceding	0%	0%	0%	0%	-13%	-13%
35th Preceding	0%	0%	0%	0%	-11%	-11%
36th Preceding	0%	0%	0%	0%	-9%	-9%
37th Preceding	0%	0%	0%	0%	-7%	-7%
38th Preceding	0%	0%	0%	0%	-5%	-5%
39th Preceding	0%	0%	0%	0%	-2%	-2%
40th and All Additional Preceding	0%	0%	0%	0%	0%	0%

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Percent Change

	UL/FM Class 1	UL/FM Class 2	UL/FM Class 3	UL/FM Class 4	Concrete/Clay Tile, Slate, or Composite Wood Fiber/Cement	Metal
Current Year	-2%	-2%	5%	7%	11%	-9%
1st Preceding	-1%	-3%	3%	5%	9%	-10%
2nd Preceding	-1%	-3%	3%	5%	7%	-12%
3rd Preceding	-1%	-3%	2%	3%	3%	-14%
4th Preceding	-3%	-4%	0%	2%	2%	-15%
5th Preceding	-3%	-4%	-1%	-2%	-2%	-18%
6th Preceding	-3%	-4%	-3%	-4%	-5%	-18%
7th Preceding	-3%	-4%	-4%	-6%	-9%	-22%
8th Preceding	-4%	-5%	-6%	-9%	-11%	-23%
9th Preceding	-4%	-6%	-9%	-11%	-14%	-25%
10th Preceding	-3%	-7%	-9%	-13%	-18%	-27%
11th Preceding	-4%	-6%	-12%	-16%	-20%	-29%
12th Preceding	-5%	-7%	-13%	-17%	-23%	-31%
13th Preceding	-3%	-7%	-12%	-18%	-25%	-32%
14th Preceding	0%	-3%	-11%	-16%	-25%	-32%
15th Preceding	0%	0%	-8%	-14%	-24%	-31%
16th Preceding	0%	0%	-6%	-13%	-25%	-31%
17th Preceding	0%	0%	-3%	-11%	-25%	-31%
18th Preceding	0%	0%	0%	-10%	-24%	-30%
19th Preceding	0%	0%	0%	-7%	-25%	-30%
20th Preceding	0%	0%	0%	-6%	-24%	-29%
21st Preceding	0%	0%	0%	-3%	-23%	-28%
22nd Preceding	0%	0%	0%	0%	-23%	-28%
23rd Preceding	0%	0%	0%	0%	-22%	-27%
24th Preceding	0%	0%	0%	0%	-21%	-26%
25th Preceding	0%	0%	0%	0%	-21%	-25%
26th Preceding	0%	0%	0%	0%	-20%	-24%
27th Preceding	0%	0%	0%	0%	-19%	-23%
28th Preceding	0%	0%	0%	0%	-19%	-22%
29th Preceding	0%	0%	0%	0%	-17%	-20%
30th Preceding	0%	0%	0%	0%	-16%	-19%
31st Preceding	0%	0%	0%	0%	-15%	-18%
32nd Preceding	0%	0%	0%	0%	-13%	-16%
33rd Preceding	0%	0%	0%	0%	-11%	-14%
34th Preceding	0%	0%	0%	0%	-11%	-13%
35th Preceding	0%	0%	0%	0%	-9%	-11%
36th Preceding	0%	0%	0%	0%	-7%	-9%
37th Preceding	0%	0%	0%	0%	-6%	-7%
38th Preceding	0%	0%	0%	0%	-4%	-5%
39th Preceding	0%	0%	0%	0%	-1%	-2%
40th and All Additional Preceding	0%	0%	0%	0%	0%	0%

American National Property And Casualty Company
Arkansas
Homeowners

Homeowners Advantage Discount

Home Adv. Years	Current Discount %	Proposed Discount %	Factor Percent Change	Current Premium
Year 1	10.0%	21.0%	-12.2%	446,516
Year 2	10.0%	18.0%	-8.9%	196,647
Year 3	10.0%	14.0%	-4.4%	197,732
Greater than 3 Years	10.0%	10.0%	0.0%	2,747,133
Not Eligible	0.0%	0.0%	0.0%	1,329,037
Total			-1.6%	4,917,065

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	223,822	289,849	29.5%	194
002	115,594	160,798	39.1%	87
003	31,204	36,419	16.7%	18
004	31,305	39,133	25.0%	24
005	16,184	19,627	21.3%	12
006	22,728	28,540	25.6%	15
007	551	625	13.5%	1
008	246,379	310,863	26.2%	180
009	1,205,492	1,593,830	32.2%	1,072
010	12,366	15,250	23.3%	11
012	17,708	20,622	16.5%	11
017	1,320,709	1,731,592	31.1%	1,342
024	59,328	71,451	20.4%	45
026	55,691	68,439	22.9%	46
033	398,392	535,491	34.4%	399
037	253,720	353,577	39.4%	271
038	97,513	136,507	40.0%	85
039	24,223	27,883	15.1%	18
040	34,956	49,577	41.8%	31
041	194,047	232,020	19.6%	139
042	77,450	93,246	20.4%	64
043	33,938	39,403	16.1%	24
044	211,137	257,620	22.0%	192
Total	**4,684,439**	**6,112,362**	**30.5%**	**4,281**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	2,480	2,479	0.0%	18
002	1,458	1,494	2.5%	7
003	169	173	2.4%	1
004	314	321	2.2%	2
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	1,591	1,592	0.0%	11
009	14,276	14,392	0.8%	109
010	213	213	0.0%	2
012	542	535	-1.3%	3
017	21,791	21,461	-1.5%	139
024	1,045	1,040	-0.4%	6
026	115	108	-6.5%	1
033	4,411	4,485	1.7%	31
037	4,575	4,491	-1.8%	32
038	1,854	1,827	-1.5%	12
039	380	387	1.8%	2
040	-	-	0.0%	-
041	2,962	2,962	0.0%	17
042	470	495	5.2%	3
043	199	204	2.6%	1
044	1,568	1,595	1.7%	8
Total	**60,414**	**60,253**	**-0.3%**	**405**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-6

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	618	645	4.4%	2
002	1,381	1,407	1.9%	4
003	-	-	0.0%	-
004	633	637	0.8%	1
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	3,476	3,456	-0.6%	10
009	-	-	0.0%	-
010	-	-	0.0%	-
012	-	-	0.0%	-
017	4,721	4,676	-1.0%	8
024	189	192	1.4%	1
026	-	-	0.0%	-
033	-	-	0.0%	-
037	437	386	-11.6%	1
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	836	866	3.6%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	-	-	0.0%	-
Total	**12,290**	**12,265**	**-0.2%**	**29**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-7

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	1,506	1,486	-1.3%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	2,594	3,238	24.8%	2
006	-	-	0.0%	-
007	-	-	0.0%	-
008	5,636	7,473	32.6%	4
009	26,781	35,720	33.4%	21
010	-	-	0.0%	-
012	5,251	6,619	26.1%	3
017	52,791	72,338	37.0%	29
024	11,748	13,764	17.2%	6
026	4,550	5,636	23.9%	3
033	9,216	12,569	36.4%	7
037	2,015	2,966	47.2%	2
038	-	-	0.0%	-
039	-	-	0.0%	-
040	863	1,232	42.7%	1
041	18,539	22,853	23.3%	12
042	4,310	5,167	19.9%	4
043	929	1,194	28.5%	1
044	13,194	16,204	22.8%	9
Total	**159,922**	**208,458**	**30.3%**	**105**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	6,134	8,132	32.6%	4
002	9,426	12,640	34.1%	5
003	1,358	1,677	23.5%	1
004	-	-	0.0%	-
005	-	-	0.0%	-
006	2,183	3,088	41.4%	1
007	-	-	0.0%	-
008	19,090	24,065	26.1%	18
009	26,454	34,218	29.3%	27
010	2,527	2,854	12.9%	1
012	894	1,040	16.4%	1
017	150,331	197,207	31.2%	181
024	1,033	1,205	16.6%	1
026	4,341	5,261	21.2%	3
033	7,892	10,403	31.8%	9
037	8,738	12,082	38.3%	10
038	2,458	3,250	32.2%	2
039	1,803	2,100	16.5%	1
040	1,442	2,066	43.2%	2
041	9,385	10,943	16.6%	7
042	3,043	3,933	29.2%	3
043	-	-	0.0%	-
044	12,168	14,559	19.7%	13
Total	**270,701**	**350,722**	**29.6%**	**290**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	153	151	-0.7%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	215	214	-0.6%	2
009	603	603	0.0%	5
010	-	-	0.0%	-
012	-	-	0.0%	-
017	2,455	2,462	0.3%	17
024	-	-	0.0%	-
026	-	-	0.0%	-
033	-	-	0.0%	-
037	-	-	0.0%	-
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	523	517	-1.2%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	85	89	4.8%	1
Total	**4,033**	**4,035**	**0.1%**	**28**

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - All Forms

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	234,713	302,744	29.0%	220
002	127,858	176,340	37.9%	103
003	32,730	38,270	16.9%	20
004	32,251	40,091	24.3%	27
005	18,778	22,865	21.8%	14
006	24,912	31,627	27.0%	16
007	551	625	13.5%	1
008	276,387	347,663	25.8%	225
009	1,273,606	1,678,763	31.8%	1,234
010	15,106	18,316	21.3%	14
012	24,393	28,816	18.1%	18
017	1,552,797	2,029,735	30.7%	1,716
024	73,344	87,652	19.5%	59
026	64,697	79,444	22.8%	53
033	419,912	562,949	34.1%	446
037	269,486	373,502	38.6%	316
038	101,826	141,583	39.0%	99
039	26,406	30,370	15.0%	21
040	37,261	52,874	41.9%	34
041	226,292	270,160	19.4%	179
042	85,274	102,840	20.6%	74
043	35,067	40,801	16.4%	26
044	238,151	290,067	21.8%	223
Total	**5,191,799**	**6,748,096**	**30.0%**	**5,138**

American National Property And Casualty Company
Homeowners
Arkansas
Home Advantage and CA$HBACK rating Example

	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Term 7	Term 8	Total
Undiscounted Written Premium	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	8,000
Home Advantage Discount	21%	18%	14%	10%	10%	10%	10%	10%	
Value of Home Advantage Discount	210	180	140	100	100	100	100	100	1,030.00
Premium Discounted for Home Advantage	790	820	860	900	900	900	900	900	6,970
Probability of CA$H*BACK* Refund	0.577	0.577	0.577	0.577	0.577	0.577	0.577	0.577	
CA$HBACK %	N/A	N/A	N/A	25%	25%	25%	25%	25%	
Average CA$HBACK benefit	N/A	N/A	N/A	113.96	118.29	124.06	129.83	129.83	615.95

	Accounts With No Claim	Accounts With Claim	Total
Undiscounted Written Premium	8,000.00	8,000.00	
Auto-Home Discount	1,030.00	1,030.00	1,030.00
CA$H*BACK*	1,067.50		615.95
Auto-Home Discount and CA$H*BACK*	2,097.50	1,030.00	1,645.95
Ratio to Undiscounted Written Premium	26.2%	12.9%	20.6%

<u>Competitor Information</u>

State Farm Bi-Line Discount: 25%
Allstate Bi-Line Discount: 30%
Shelter Bi-Line Discount: 25%

American National Property And Casualty Company
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Arkansas
Homeowners
Dwelling Forms

All Peril Zone Relativity Analysis

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Zone	**Projected Loss Ratio**	**Projected All Other Peril Loss and Fixed Exp Relativity**	**Balanced Projected All Other Peril Loss and Fixed Exp Relativity**	**Shelter Competitor Relativity**	**Nationwide Competitor Relativity**	**Selected Relativity Change**	**Capped Change All Other Peril**	**Balanced Capped Change All Other Peril**	**Current Rates Zone Relativity All Other Peril**	**Proposed Rates Zone Relativity All Other Peril**
001	48.6%	0.539	0.533	1.056	0.993	0.993	0.993	1.001	0.904	0.905
002	83.7%	0.929	0.918	1.226	1.089	1.226	1.092	1.100	0.836	0.920
003	107.2%	1.189	1.176	0.771	0.860	0.860	0.893	0.900	1.520	1.368
004	333.7%	3.702	3.660	0.976	0.964	0.976	0.976	0.983	1.100	1.081
005	34.9%	0.387	0.382	1.033	0.944	0.897	0.897	0.904	1.136	1.027
006	75.5%	0.837	0.828	0.971	0.989	0.989	0.989	0.995	1.105	1.100
007	27.6%	0.306	0.302	0.989	1.123	0.989	0.989	0.996	1.158	1.153
008	115.1%	1.277	1.262	0.911	0.979	0.979	0.979	0.987	1.025	1.012
009	81.8%	0.907	0.897	0.993	0.993	0.993	0.993	0.999	1.075	1.074
010	24.4%	0.271	0.267	0.734	0.756	0.734	0.893	0.900	1.328	1.195
012	28.3%	0.314	0.310	0.736	0.830	0.736	0.893	0.900	1.264	1.138
017	92.3%	1.024	1.013	1.012	1.011	1.011	1.011	1.019	0.901	0.918
024	44.0%	0.489	0.483	0.884	0.953	0.884	0.893	0.900	1.149	1.034
026	30.9%	0.342	0.338	0.904	1.025	0.904	0.904	0.910	1.078	0.981
033	157.5%	1.748	1.728	1.013	0.908	1.013	1.013	1.019	1.175	1.198
037	115.0%	1.276	1.261	1.184	1.117	1.184	1.092	1.100	0.867	0.954
038	199.5%	2.214	2.188	1.248	1.211	1.248	1.092	1.100	0.840	0.924
039	53.1%	0.589	0.583	0.852	0.975	0.852	0.893	0.900	1.134	1.020
040	71.0%	0.787	0.778	1.216	1.308	1.216	1.092	1.100	0.767	0.844
041	51.7%	0.574	0.567	0.851	0.911	0.851	0.893	0.900	1.236	1.113
042	45.2%	0.501	0.496	0.880	0.977	0.880	0.893	0.900	1.153	1.038
043	45.8%	0.508	0.503	0.890	0.979	0.890	0.893	0.900	1.151	1.036
044	50.7%	0.562	0.556	0.904	1.025	0.904	0.904	0.910	1.078	0.981
Total	**63.4%**	**1.012**	**1.000**	**1.000**	**1.000**	**1.000**	**0.993**	**1.000**	**1.000**	**1.000**

(4) = (3) / (Total 3)
(8) = MAX{ MIN{ (7) , 1.100 x (Total 8) } , 0.900 x (Total 8) }
(9) = (8) / (Total 8)
(11) = (10) x (9)

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-3 Frame Base Rate

Zone	Current Base Rate	Current Base Rate Relativity	Proposed Base Rate Relativity	Proposed Base Rate	Base Rate Change
001	1955	0.904	0.905	2413	23.4%
002	1808	0.836	0.920	2452	35.6%
003	3287	1.520	1.368	3647	11.0%
004	2378	1.100	1.081	2882	21.2%
005	2456	1.136	1.027	2737	11.4%
006	2390	1.105	1.100	2933	22.7%
007	2504	1.158	1.153	3074	22.8%
008	2216	1.025	1.012	2697	21.7%
009	2326	1.075	1.074	2865	23.2%
010	2872	1.328	1.195	3187	11.0%
012	2734	1.264	1.138	3034	11.0%
017	1949	0.901	0.918	2448	25.6%
024	2484	1.149	1.034	2756	11.0%
026	2332	1.078	0.981	2617	12.2%
033	2542	1.175	1.198	3194	25.6%
037	1876	0.867	0.954	2544	35.6%
038	1817	0.840	0.924	2464	35.6%
039	2452	1.134	1.020	2721	11.0%
040	1659	0.767	0.844	2250	35.6%
041	2674	1.236	1.113	2967	11.0%
042	2494	1.153	1.038	2767	10.9%
043	2489	1.151	1.036	2762	11.0%
044	2332	1.078	0.981	2617	12.2%
Total	**2,163**			**2,667**	**23.3%**

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-7 Frame Base Rate

Zone	Current Base Rate	Proposed SH-3 Base Rate	SH-7 to SH-3 Differential	Proposed Base Rate	Base Rate Change
001	2287	2413	1.170	2823	23.4%
002	2115	2452	1.170	2869	35.7%
003	3846	3647	1.170	4267	10.9%
004	2782	2882	1.170	3372	21.2%
005	2874	2737	1.170	3202	11.4%
006	2796	2933	1.170	3432	22.7%
007	2930	3074	1.170	3597	22.8%
008	2593	2697	1.170	3155	21.7%
009	2721	2865	1.170	3352	23.2%
010	3360	3187	1.170	3729	11.0%
012	3199	3034	1.170	3550	11.0%
017	2280	2448	1.170	2864	25.6%
024	2906	2756	1.170	3225	11.0%
026	2728	2617	1.170	3062	12.2%
033	2974	3194	1.170	3737	25.7%
037	2195	2544	1.170	2976	35.6%
038	2126	2464	1.170	2883	35.6%
039	2869	2721	1.170	3184	11.0%
040	1941	2250	1.170	2633	35.7%
041	3129	2967	1.170	3471	10.9%
042	2918	2767	1.170	3237	10.9%
043	2912	2762	1.170	3232	11.0%
044	2728	2617	1.170	3062	12.2%
Total	**2,530**			**3,120**	**23.3%**

American National General Insurance Company
Arkansas
Homeowners
Form SH-3 Frame Base Rate

Zone	Current Base Rate	Proposed ANP SH-3 Base Rate	ANGIC to ANPAC Differential	Proposed Base Rate	Base Rate Change
001	1877	2413	0.928	2239	19.3%
002	1736	2452	0.928	2275	31.0%
003	3156	3647	0.928	3384	7.2%
004	2283	2882	0.928	2674	17.1%
005	2358	2737	0.928	2540	7.7%
006	2294	2933	0.928	2722	18.7%
007	2404	3074	0.928	2853	18.7%
008	2127	2697	0.928	2503	17.7%
009	2233	2865	0.928	2659	19.1%
010	2757	3187	0.928	2958	7.3%
012	2625	3034	0.928	2816	7.3%
017	1871	2448	0.928	2272	21.4%
024	2385	2756	0.928	2558	7.3%
026	2239	2617	0.928	2429	8.5%
033	2440	3194	0.928	2964	21.5%
037	1801	2544	0.928	2361	31.1%
038	1744	2464	0.928	2287	31.1%
039	2354	2721	0.928	2525	7.3%
040	1593	2250	0.928	2088	31.1%
041	2567	2967	0.928	2753	7.2%
042	2394	2767	0.928	2568	7.3%
043	2389	2762	0.928	2563	7.3%
044	2239	2617	0.928	2429	8.5%
Total	**2,076**			**2,475**	**19.2%**

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-4 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	153	157	2.6%
002	153	157	2.6%
003	153	157	2.6%
004	153	157	2.6%
005	153	157	2.6%
006	153	157	2.6%
007	153	157	2.6%
008	153	157	2.6%
009	153	157	2.6%
010	153	157	2.6%
012	189	194	2.6%
017	153	157	2.6%
024	153	157	2.6%
026	153	157	2.6%
033	153	157	2.6%
037	153	157	2.6%
038	153	157	2.6%
039	153	157	2.6%
040	153	157	2.6%
041	189	194	2.6%
042	189	194	2.6%
043	189	194	2.6%
044	153	157	2.6%

American National Property And Casualty Company
Arkansas
Homeowners
Form SH-6 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	206	212	2.9%
002	206	212	2.9%
003	206	212	2.9%
004	206	212	2.9%
005	206	212	2.9%
006	206	212	2.9%
007	206	212	2.9%
008	206	212	2.9%
009	206	212	2.9%
010	206	212	2.9%
012	255	262	2.7%
017	206	212	2.9%
024	206	212	2.9%
026	206	212	2.9%
033	206	212	2.9%
037	206	212	2.9%
038	206	212	2.9%
039	206	212	2.9%
040	206	212	2.9%
041	255	262	2.7%
042	255	262	2.7%
043	255	262	2.7%
044	206	212	2.9%

American National General Insurance Company
Arkansas
Homeowners
Form SH-4 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	147	146	-0.7%
002	147	146	-0.7%
003	147	146	-0.7%
004	147	146	-0.7%
005	147	146	-0.7%
006	147	146	-0.7%
007	147	146	-0.7%
008	147	146	-0.7%
009	147	146	-0.7%
010	147	146	-0.7%
012	181	180	-0.6%
017	147	146	-0.7%
024	147	146	-0.7%
026	147	146	-0.7%
033	147	146	-0.7%
037	147	146	-0.7%
038	147	146	-0.7%
039	147	146	-0.7%
040	147	146	-0.7%
041	181	180	-0.6%
042	181	180	-0.6%
043	181	180	-0.6%
044	147	146	-0.7%

American National General Insurance Company
Arkansas
Homeowners
Form SH-6 Frame Base Rate

Zone	Current Base Rate	Proposed Base Rate	Base Rate Change
001	198	197	-0.5%
002	198	197	-0.5%
003	198	197	-0.5%
004	198	197	-0.5%
005	198	197	-0.5%
006	198	197	-0.5%
007	198	197	-0.5%
008	198	197	-0.5%
009	198	197	-0.5%
010	198	197	-0.5%
012	244	243	-0.4%
017	198	197	-0.5%
024	198	197	-0.5%
026	198	197	-0.5%
033	198	197	-0.5%
037	198	197	-0.5%
038	198	197	-0.5%
039	198	197	-0.5%
040	198	197	-0.5%
041	244	243	-0.4%
042	244	243	-0.4%
043	244	243	-0.4%
044	198	197	-0.5%

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	223,822	264,981	18.4%	194
002	115,594	138,808	20.1%	87
003	31,204	33,158	6.3%	18
004	31,305	35,706	14.1%	24
005	16,184	18,084	11.7%	12
006	22,728	26,152	15.1%	15
007	551	576	4.6%	1
008	246,379	285,650	15.9%	180
009	1,205,492	1,452,951	20.5%	1,072
010	12,366	14,068	13.8%	11
012	17,708	19,007	7.3%	11
017	1,320,709	1,583,613	19.9%	1,342
024	59,328	65,810	10.9%	45
026	55,691	62,759	12.7%	46
033	398,392	485,969	22.0%	399
037	253,720	308,619	21.6%	271
038	97,513	118,670	21.7%	85
039	24,223	25,705	6.1%	18
040	34,956	42,851	22.6%	31
041	194,047	213,899	10.2%	139
042	77,450	85,807	10.8%	64
043	33,938	36,313	7.0%	24
044	211,137	237,218	12.4%	192
Total	**4,684,439**	**5,556,372**	**18.6%**	**4,281**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	223,822	267,324	19.4%	194
002	115,594	148,516	28.5%	87
003	31,204	33,553	7.5%	18
004	31,305	36,087	15.3%	24
005	16,184	18,084	11.7%	12
006	22,728	26,331	15.9%	15
007	551	576	4.6%	1
008	246,379	286,738	16.4%	180
009	1,205,492	1,469,982	21.9%	1,072
010	12,366	14,068	13.8%	11
012	17,708	19,007	7.3%	11
017	1,320,709	1,597,747	21.0%	1,342
024	59,328	65,816	10.9%	45
026	55,691	63,067	13.2%	46
033	398,392	493,910	24.0%	399
037	253,720	326,219	28.6%	271
038	97,513	125,867	29.1%	85
039	24,223	25,705	6.1%	18
040	34,956	45,729	30.8%	31
041	194,047	213,904	10.2%	139
042	77,450	85,923	10.9%	64
043	33,938	36,313	7.0%	24
044	211,137	237,393	12.4%	192
Total	**4,684,439**	**5,637,858**	**20.4%**	**4,281**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	2,480	2,479	0.0%	18
002	1,458	1,494	2.5%	7
003	169	173	2.4%	1
004	314	321	2.2%	2
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	1,591	1,592	0.0%	11
009	14,276	14,392	0.8%	109
010	213	213	0.0%	2
012	542	535	-1.3%	3
017	21,791	21,461	-1.5%	139
024	1,045	1,040	-0.4%	6
026	115	108	-6.5%	1
033	4,411	4,485	1.7%	31
037	4,575	4,491	-1.8%	32
038	1,854	1,827	-1.5%	12
039	380	387	1.8%	2
040	-	-	0.0%	-
041	2,962	2,962	0.0%	17
042	470	495	5.2%	3
043	199	204	2.6%	1
044	1,568	1,595	1.7%	8
Total	**60,414**	**60,253**	**-0.3%**	**405**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	2,480	2,479	0.0%	18
002	1,458	1,494	2.5%	7
003	169	173	2.4%	1
004	314	321	2.2%	2
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	1,591	1,592	0.0%	11
009	14,276	14,392	0.8%	109
010	213	213	0.0%	2
012	542	535	-1.3%	3
017	21,791	21,461	-1.5%	139
024	1,045	1,040	-0.4%	6
026	115	108	-6.5%	1
033	4,411	4,485	1.7%	31
037	4,575	4,491	-1.8%	32
038	1,854	1,827	-1.5%	12
039	380	387	1.8%	2
040	-	-	0.0%	-
041	2,962	2,962	0.0%	17
042	470	495	5.2%	3
043	199	204	2.6%	1
044	1,568	1,595	1.7%	8
Total	**60,414**	**60,253**	**-0.3%**	**405**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-6
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	618	645	4.4%	2
002	1,381	1,407	1.9%	4
003	-	-	0.0%	-
004	633	637	0.8%	1
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	3,476	3,456	-0.6%	10
009	-	-	0.0%	-
010	-	-	0.0%	-
012	-	-	0.0%	-
017	4,721	4,676	-1.0%	8
024	189	192	1.4%	1
026	-	-	0.0%	-
033	-	-	0.0%	-
037	437	386	-11.6%	1
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	836	866	3.6%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	-	-	0.0%	-
Total	**12,290**	**12,265**	**-0.2%**	**29**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-6

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	618	645	4.4%	2
002	1,381	1,407	1.9%	4
003	-	-	0.0%	-
004	633	637	0.8%	1
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	3,476	3,456	-0.6%	10
009	-	-	0.0%	-
010	-	-	0.0%	-
012	-	-	0.0%	-
017	4,721	4,676	-1.0%	8
024	189	192	1.4%	1
026	-	-	0.0%	-
033	-	-	0.0%	-
037	437	386	-11.6%	1
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	836	866	3.6%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	-	-	0.0%	-
Total	**12,290**	**12,265**	**-0.2%**	**29**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-7
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	1,506	1,393	-7.5%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	2,594	2,983	15.0%	2
006	-	-	0.0%	-
007	-	-	0.0%	-
008	5,636	6,826	21.1%	4
009	26,781	32,863	22.7%	21
010	-	-	0.0%	-
012	5,251	6,100	16.2%	3
017	52,791	65,805	24.7%	29
024	11,748	12,679	7.9%	6
026	4,550	5,190	14.1%	3
033	9,216	11,493	24.7%	7
037	2,015	2,519	25.0%	2
038	-	-	0.0%	-
039	-	-	0.0%	-
040	863	1,079	25.0%	1
041	18,539	21,062	13.6%	12
042	4,310	4,759	10.4%	4
043	929	1,100	18.4%	1
044	13,194	14,933	13.2%	9
Total	**159,922**	**190,783**	**19.3%**	**105**

American National Property And Casualty Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-7

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	1,506	1,393	-7.5%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	2,594	2,983	15.0%	2
006	-	-	0.0%	-
007	-	-	0.0%	-
008	5,636	6,896	22.4%	4
009	26,781	32,911	22.9%	21
010	-	-	0.0%	-
012	5,251	6,100	16.2%	3
017	52,791	66,688	26.3%	29
024	11,748	12,679	7.9%	6
026	4,550	5,190	14.1%	3
033	9,216	11,580	25.6%	7
037	2,015	2,732	35.6%	2
038	-	-	0.0%	-
039	-	-	0.0%	-
040	863	1,135	31.5%	1
041	18,539	21,062	13.6%	12
042	4,310	4,759	10.4%	4
043	929	1,100	18.4%	1
044	13,194	14,933	13.2%	9
Total	**159,922**	**192,141**	**20.1%**	**105**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	6,134	7,402	20.7%	4
002	9,426	10,655	13.0%	5
003	1,358	1,545	13.8%	1
004	-	-	0.0%	-
005	-	-	0.0%	-
006	2,183	2,729	25.0%	1
007	-	-	0.0%	-
008	19,090	22,071	15.6%	18
009	26,454	31,377	18.6%	27
010	2,527	2,629	4.0%	1
012	894	959	7.3%	1
017	150,331	181,666	20.8%	181
024	1,033	1,109	7.3%	1
026	4,341	4,772	9.9%	3
033	7,892	9,442	19.6%	9
037	8,738	10,807	23.7%	10
038	2,458	2,973	21.0%	2
039	1,803	1,934	7.3%	1
040	1,442	1,803	25.0%	2
041	9,385	10,085	7.5%	7
042	3,043	3,609	18.6%	3
043	-	-	0.0%	-
044	12,168	13,423	10.3%	13
Total	**270,701**	**320,990**	**18.6%**	**290**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-3

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	6,134	7,514	22.5%	4
002	9,426	11,722	24.4%	5
003	1,358	1,545	13.8%	1
004	-	-	0.0%	-
005	-	-	0.0%	-
006	2,183	2,845	30.3%	1
007	-	-	0.0%	-
008	19,090	22,198	16.3%	18
009	26,454	31,550	19.3%	27
010	2,527	2,629	4.0%	1
012	894	959	7.3%	1
017	150,331	181,864	21.0%	181
024	1,033	1,109	7.3%	1
026	4,341	4,845	11.6%	3
033	7,892	9,593	21.5%	9
037	8,738	11,154	27.6%	10
038	2,458	3,007	22.3%	2
039	1,803	1,934	7.3%	1
040	1,442	1,909	32.4%	2
041	9,385	10,085	7.5%	7
042	3,043	3,621	19.0%	3
043	-	-	0.0%	-
044	12,168	13,423	10.3%	13
Total	**270,701**	**323,506**	**19.5%**	**290**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4
Renewal Changes Capped at 25%

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	153	151	-0.7%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	215	214	-0.6%	2
009	603	603	0.0%	5
010	-	-	0.0%	-
012	-	-	0.0%	-
017	2,455	2,462	0.3%	17
024	-	-	0.0%	-
026	-	-	0.0%	-
033	-	-	0.0%	-
037	-	-	0.0%	-
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	523	517	-1.2%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	85	89	4.8%	1
Total	**4,033**	**4,035**	**0.1%**	**28**

American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - Form SH-4

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	153	151	-0.7%	1
002	-	-	0.0%	-
003	-	-	0.0%	-
004	-	-	0.0%	-
005	-	-	0.0%	-
006	-	-	0.0%	-
007	-	-	0.0%	-
008	215	214	-0.6%	2
009	603	603	0.0%	5
010	-	-	0.0%	-
012	-	-	0.0%	-
017	2,455	2,462	0.3%	17
024	-	-	0.0%	-
026	-	-	0.0%	-
033	-	-	0.0%	-
037	-	-	0.0%	-
038	-	-	0.0%	-
039	-	-	0.0%	-
040	-	-	0.0%	-
041	523	517	-1.2%	2
042	-	-	0.0%	-
043	-	-	0.0%	-
044	85	89	4.8%	1
Total	**4,033**	**4,035**	**0.1%**	**28**

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Renewal Changes Capped at 25%
Rate Change by Zone - All Forms

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	234,713	277,051	18.0%	220
002	127,858	152,365	19.2%	103
003	32,730	34,876	6.6%	20
004	32,251	36,664	13.7%	27
005	18,778	21,067	12.2%	14
006	24,912	28,882	15.9%	16
007	551	576	4.6%	1
008	276,387	319,809	15.7%	225
009	1,273,606	1,532,186	20.3%	1,234
010	15,106	16,911	11.9%	14
012	24,393	26,600	9.0%	18
017	1,552,797	1,859,683	19.8%	1,716
024	73,344	80,830	10.2%	59
026	64,697	72,829	12.6%	53
033	419,912	511,388	21.8%	446
037	269,486	326,822	21.3%	316
038	101,826	123,470	21.3%	99
039	26,406	28,026	6.1%	21
040	37,261	45,732	22.7%	34
041	226,292	249,390	10.2%	179
042	85,274	94,670	11.0%	74
043	35,067	37,617	7.3%	26
044	238,151	267,257	12.2%	223
Total	**5,191,799**	**6,144,699**	**18.4%**	**5,138**

American National Property And Casualty Company
American National General Insurance Company
Homeowners
Arkansas
Rate Change by Zone - All Forms

Zone	Present Premium	Proposed Premium	Percent Change	Policy Count
001	234,713	279,506	19.1%	220
002	127,858	163,139	27.6%	103
003	32,730	35,271	7.8%	20
004	32,251	37,045	14.9%	27
005	18,778	21,067	12.2%	14
006	24,912	29,176	17.1%	16
007	551	576	4.6%	1
008	276,387	321,093	16.2%	225
009	1,273,606	1,549,438	21.7%	1,234
010	15,106	16,911	11.9%	14
012	24,393	26,600	9.0%	18
017	1,552,797	1,874,897	20.7%	1,716
024	73,344	80,836	10.2%	59
026	64,697	73,209	13.2%	53
033	419,912	519,568	23.7%	446
037	269,486	344,983	28.0%	316
038	101,826	130,701	28.4%	99
039	26,406	28,026	6.1%	21
040	37,261	48,773	30.9%	34
041	226,292	249,395	10.2%	179
042	85,274	94,798	11.2%	74
043	35,067	37,617	7.3%	26
044	238,151	267,432	12.3%	223
Total	**5,191,799**	**6,230,058**	**20.0%**	**5,138**

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)
04/30/2012	Rate and Rule	ANPAC Rate Pages	06/05/2012	AR ANP HR 1.001-3.008 (6-12).pdf (Superceded)
04/30/2012	Rate and Rule	ANGIC Rate Pages	06/05/2012	AR ANG HR 1.001-3.005 (6-12).pdf (Superceded)
06/04/2012	Supporting Document	HPCS-Homeowners Premium Comparison Survey	06/06/2012	HPCS (GHO) Revised.pdf (Superceded) HPCS (GHO) Revised.xls (Superceded) HPCS (HO) Revised.pdf (Superceded) HPCS (HO) Revised.xls (Superceded)
04/09/2012	Supporting Document	HPCS-Homeowners Premium Comparison Survey	06/04/2012	HPCS (HO).pdf (Superceded) HPCS (GHO).pdf (Superceded) HPCS (HO).xls (Superceded) HPCS (GHO).xls (Superceded)
05/24/2012	Supporting Document	NAIC loss cost data entry document	06/04/2012	RF-1 _HO_Revised.pdf (Superceded) RF-1 _GHO_Revised.pdf (Superceded)

04/09/2012	Supporting Document	NAIC loss cost data entry document	05/24/2012	RF-1 (HO).pdf (Superceded) RF-1 (GHO).pdf (Superceded)

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02619	02619	02619	02708	02708	03104	03646	04361	05437	07315
002	02661	02661	02661	02751	02751	03153	03704	04431	05524	07432
003	03959	03959	03959	04094	04094	04691	05511	06592	08219	11057
004	03128	03128	03128	03234	03234	03707	04354	05208	06494	08737
005	02971	02971	02971	03072	03072	03521	04136	04947	06168	08298
006	03184	03184	03184	03292	03292	03773	04432	05301	06610	08893
007	03336	03336	03336	03449	03449	03953	04644	05554	06926	09317
008	02927	02927	02927	03027	03027	03468	04074	04873	06076	08175
009	03110	03110	03110	03216	03216	03685	04329	05178	06456	08686
010	03459	03459	03459	03577	03577	04099	04815	05759	07181	09661
012	03293	03293	03293	03405	03405	03902	04584	05483	06836	09197
017	02657	02657	02657	02747	02747	03149	03699	04424	05516	07421
024	02992	02992	02992	03094	03094	03546	04165	04982	06211	08357
026	02841	02841	02841	02938	02938	03367	03955	04730	05898	07935
033	03467	03467	03467	03585	03585	04108	04826	05773	07197	09683
037	02761	02761	02761	02855	02855	03272	03843	04597	05732	07711
038	02675	02675	02675	02766	02766	03170	03724	04454	05553	07471
039	02953	02953	02953	03053	03053	03499	04111	04917	06130	08248
040	02442	02442	02442	02525	02525	02894	03399	04066	05070	06821
041	03220	03220	03220	03329	03329	03816	04482	05361	06685	08993
042	03004	03004	03004	03106	03106	03560	04182	05002	06236	08390
043	02998	02998	02998	03100	03100	03553	04173	04992	06224	08373
044	02841	02841	02841	02938	02938	03367	03955	04730	05898	07935

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02182	02182	02182	02256	02256	02585	03037	03632	04529	06093
002	02217	02217	02217	02292	02292	02627	03086	03691	04602	06191
003	03298	03298	03298	03410	03410	03908	04591	05491	06846	09211
004	02606	02606	02606	02694	02694	03088	03627	04338	05409	07278
005	02475	02475	02475	02559	02559	02933	03445	04121	05138	06912
006	02652	02652	02652	02742	02742	03143	03692	04416	05506	07408
007	02779	02779	02779	02873	02873	03293	03868	04627	05769	07761
008	02438	02438	02438	02521	02521	02889	03394	04060	05062	06810
009	02591	02591	02591	02679	02679	03070	03606	04313	05378	07236
010	02881	02881	02881	02979	02979	03414	04011	04797	05982	08048
012	02743	02743	02743	02836	02836	03251	03818	04567	05695	07661
017	02213	02213	02213	02289	02289	02623	03081	03685	04595	06182
024	02492	02492	02492	02577	02577	02953	03469	04150	05174	06961
026	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610
033	02888	02888	02888	02986	02986	03422	04020	04809	05996	08066
037	02300	02300	02300	02378	02378	02725	03201	03829	04775	06424
038	02228	02228	02228	02304	02304	02641	03102	03710	04626	06224
039	02460	02460	02460	02543	02543	02915	03424	04096	05107	06870
040	02034	02034	02034	02103	02103	02411	02832	03387	04223	05681
041	02682	02682	02682	02773	02773	03178	03734	04466	05568	07492
042	02502	02502	02502	02587	02587	02965	03483	04166	05195	06989
043	02497	02497	02497	02582	02582	02959	03476	04158	05184	06975
044	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02182	02182	02182	02256	02256	02585	03037	03632	04529	06093
002	02217	02217	02217	02292	02292	02627	03086	03691	04602	06191
003	03298	03298	03298	03410	03410	03908	04591	05491	06846	09211
004	02606	02606	02606	02694	02694	03088	03627	04338	05409	07278
005	02475	02475	02475	02559	02559	02933	03445	04121	05138	06912
006	02652	02652	02652	02742	02742	03143	03692	04416	05506	07408
007	02779	02779	02779	02873	02873	03293	03868	04627	05769	07761
008	02438	02438	02438	02521	02521	02889	03394	04060	05062	06810
009	02591	02591	02591	02679	02679	03070	03606	04313	05378	07236
010	02881	02881	02881	02979	02979	03414	04011	04797	05982	08048
012	02743	02743	02743	02836	02836	03251	03818	04567	05695	07661
017	02213	02213	02213	02289	02289	02623	03081	03685	04595	06182
024	02492	02492	02492	02577	02577	02953	03469	04150	05174	06961
026	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610
033	02888	02888	02888	02986	02986	03422	04020	04809	05996	08066
037	02300	02300	02300	02378	02378	02725	03201	03829	04775	06424
038	02228	02228	02228	02304	02304	02641	03102	03710	04626	06224
039	02460	02460	02460	02543	02543	02915	03424	04096	05107	06870
040	02034	02034	02034	02103	02103	02411	02832	03387	04223	05681
041	02682	02682	02682	02773	02773	03178	03734	04466	05568	07492
042	02502	02502	02502	02587	02587	02965	03483	04166	05195	06989
043	02497	02497	02497	02582	02582	02959	03476	04158	05184	06975
044	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02619	02619	02619	02708	02708	03104	03646	04361	05437	07315
002	02661	02661	02661	02751	02751	03153	03704	04431	05524	07432
003	03959	03959	03959	04094	04094	04691	05511	06592	08219	11057
004	03128	03128	03128	03234	03234	03707	04354	05208	06494	08737
005	02971	02971	02971	03072	03072	03521	04136	04947	06168	08298
006	03184	03184	03184	03292	03292	03773	04432	05301	06610	08893
007	03336	03336	03336	03449	03449	03953	04644	05554	06926	09317
008	02927	02927	02927	03027	03027	03468	04074	04873	06076	08175
009	03110	03110	03110	03216	03216	03685	04329	05178	06456	08686
010	03459	03459	03459	03577	03577	04099	04815	05759	07181	09661
012	03293	03293	03293	03405	03405	03902	04584	05483	06836	09197
017	02657	02657	02657	02747	02747	03149	03699	04424	05516	07421
024	02992	02992	02992	03094	03094	03546	04165	04982	06211	08357
026	02841	02841	02841	02938	02938	03367	03955	04730	05898	07935
033	03467	03467	03467	03585	03585	04108	04826	05773	07197	09683
037	02761	02761	02761	02855	02855	03272	03843	04597	05732	07711
038	02675	02675	02675	02766	02766	03170	03724	04454	05553	07471
039	02953	02953	02953	03053	03053	03499	04111	04917	06130	08248
040	02442	02442	02442	02525	02525	02894	03399	04066	05070	06821
041	03220	03220	03220	03329	03329	03816	04482	05361	06685	08993
042	03004	03004	03004	03106	03106	03560	04182	05002	06236	08390
043	02998	02998	02998	03100	03100	03553	04173	04992	06224	08373
044	02841	02841	02841	02938	02938	03367	03955	04730	05898	07935

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02182	02182	02182	02256	02256	02585	03037	03632	04529	06093
002	02217	02217	02217	02292	02292	02627	03086	03691	04602	06191
003	03298	03298	03298	03410	03410	03908	04591	05491	06846	09211
004	02606	02606	02606	02694	02694	03088	03627	04338	05409	07278
005	02475	02475	02475	02559	02559	02933	03445	04121	05138	06912
006	02652	02652	02652	02742	02742	03143	03692	04416	05506	07408
007	02779	02779	02779	02873	02873	03293	03868	04627	05769	07761
008	02438	02438	02438	02521	02521	02889	03394	04060	05062	06810
009	02591	02591	02591	02679	02679	03070	03606	04313	05378	07236
010	02881	02881	02881	02979	02979	03414	04011	04797	05982	08048
012	02743	02743	02743	02836	02836	03251	03818	04567	05695	07661
017	02213	02213	02213	02289	02289	02623	03081	03685	04595	06182
024	02492	02492	02492	02577	02577	02953	03469	04150	05174	06961
026	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610
033	02888	02888	02888	02986	02986	03422	04020	04809	05996	08066
037	02300	02300	02300	02378	02378	02725	03201	03829	04775	06424
038	02228	02228	02228	02304	02304	02641	03102	03710	04626	06224
039	02460	02460	02460	02543	02543	02915	03424	04096	05107	06870
040	02034	02034	02034	02103	02103	02411	02832	03387	04223	05681
041	02682	02682	02682	02773	02773	03178	03734	04466	05568	07492
042	02502	02502	02502	02587	02587	02965	03483	04166	05195	06989
043	02497	02497	02497	02582	02582	02959	03476	04158	05184	06975
044	02367	02367	02367	02447	02447	02804	03294	03940	04913	06610

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
002	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
003	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
004	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
005	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
006	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
007	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
008	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
009	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
010	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
012	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
017	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
024	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
026	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
033	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
037	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
038	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
039	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
040	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252
041	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
042	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
043	00194	00194	00194	00194	00194	00194	00194	00210	00289	00312
044	00157	00157	00157	00157	00157	00157	00157	00170	00234	00252

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
002	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
003	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
004	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
005	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
006	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
007	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
008	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
009	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
010	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
012	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
017	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
024	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
026	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
033	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
037	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
038	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
039	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
040	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265
041	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
042	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
043	00204	00204	00204	00204	00204	00204	00204	00221	00304	00328
044	00165	00165	00165	00165	00165	00165	00165	00179	00246	00265

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
002	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
003	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
004	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
005	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
006	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
007	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
008	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
009	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
010	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
012	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
017	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
024	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
026	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
033	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
037	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
038	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
039	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
040	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341
041	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
042	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
043	00262	00262	00262	00262	00262	00262	00262	00284	00390	00421
044	00212	00212	00212	00212	00212	00212	00212	00230	00316	00341

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
002	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
003	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
004	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
005	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
006	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
007	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
008	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
009	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
010	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
012	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
017	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
024	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
026	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
033	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
037	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
038	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
039	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
040	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358
041	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
042	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
043	00275	00275	00275	00275	00275	00275	00275	00298	00410	00442
044	00223	00223	00223	00223	00223	00223	00223	00241	00332	00358

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	03064	03064	03064	03168	03168	03631	04265	05102	06361	08558
002	03113	03113	03113	03219	03219	03689	04334	05184	06463	08696
003	04632	04632	04632	04790	04790	05489	06448	07712	09616	12937
004	03660	03660	03660	03784	03784	04337	05094	06094	07598	10222
005	03476	03476	03476	03594	03594	04119	04839	05788	07216	09709
006	03725	03725	03725	03852	03852	04414	05186	06203	07734	10405
007	03903	03903	03903	04036	04036	04625	05433	06499	08103	10901
008	03425	03425	03425	03541	03541	04058	04767	05702	07109	09565
009	03639	03639	03639	03762	03762	04312	05065	06058	07554	10163
010	04047	04047	04047	04185	04185	04796	05633	06738	08402	11303
012	03853	03853	03853	03984	03984	04566	05363	06415	07998	10761
017	03109	03109	03109	03214	03214	03684	04327	05176	06454	08683
024	03501	03501	03501	03620	03620	04148	04873	05829	07267	09777
026	03324	03324	03324	03437	03437	03939	04627	05534	06901	09284
033	04056	04056	04056	04194	04194	04807	05646	06754	08421	11329
037	03230	03230	03230	03340	03340	03828	04497	05379	06706	09022
038	03130	03130	03130	03236	03236	03709	04357	05211	06497	08741
039	03455	03455	03455	03572	03572	04094	04809	05753	07173	09650
040	02857	02857	02857	02954	02954	03386	03977	04757	05931	07980
041	03767	03767	03767	03895	03895	04464	05244	06273	07821	10522
042	03515	03515	03515	03634	03634	04165	04892	05852	07296	09817
043	03508	03508	03508	03627	03627	04157	04883	05840	07282	09797
044	03324	03324	03324	03437	03437	03939	04627	05534	06901	09284

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02553	02553	02553	02639	02639	03025	03553	04250	05299	07129
002	02593	02593	02593	02682	02682	03073	03610	04318	05384	07243
003	03858	03858	03858	03990	03990	04572	05371	06424	08010	10777
004	03049	03049	03049	03152	03152	03613	04244	05076	06329	08515
005	02896	02896	02896	02994	02994	03431	04031	04821	06011	08087
006	03103	03103	03103	03209	03209	03677	04320	05167	06442	08667
007	03251	03251	03251	03362	03362	03853	04526	05413	06750	09081
008	02853	02853	02853	02950	02950	03380	03971	04750	05922	07968
009	03031	03031	03031	03134	03134	03592	04219	05047	06292	08466
010	03371	03371	03371	03486	03486	03995	04693	05613	06999	09416
012	03209	03209	03209	03319	03319	03803	04467	05344	06663	08964
017	02590	02590	02590	02678	02678	03069	03605	04312	05376	07233
024	02916	02916	02916	03015	03015	03455	04059	04855	06054	08144
026	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733
033	03379	03379	03379	03494	03494	04004	04704	05626	07015	09437
037	02691	02691	02691	02782	02782	03189	03746	04480	05586	07516
038	02607	02607	02607	02696	02696	03089	03629	04341	05412	07282
039	02878	02878	02878	02976	02976	03410	04006	04792	05975	08038
040	02380	02380	02380	02461	02461	02820	03313	03963	04941	06647
041	03138	03138	03138	03245	03245	03719	04368	05225	06515	08765
042	02928	02928	02928	03027	03027	03469	04075	04875	06078	08177
043	02922	02922	02922	03021	03021	03462	04067	04865	06066	08161
044	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02553	02553	02553	02639	02639	03025	03553	04250	05299	07129
002	02593	02593	02593	02682	02682	03073	03610	04318	05384	07243
003	03858	03858	03858	03990	03990	04572	05371	06424	08010	10777
004	03049	03049	03049	03152	03152	03613	04244	05076	06329	08515
005	02896	02896	02896	02994	02994	03431	04031	04821	06011	08087
006	03103	03103	03103	03209	03209	03677	04320	05167	06442	08667
007	03251	03251	03251	03362	03362	03853	04526	05413	06750	09081
008	02853	02853	02853	02950	02950	03380	03971	04750	05922	07968
009	03031	03031	03031	03134	03134	03592	04219	05047	06292	08466
010	03371	03371	03371	03486	03486	03995	04693	05613	06999	09416
012	03209	03209	03209	03319	03319	03803	04467	05344	06663	08964
017	02590	02590	02590	02678	02678	03069	03605	04312	05376	07233
024	02916	02916	02916	03015	03015	03455	04059	04855	06054	08144
026	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733
033	03379	03379	03379	03494	03494	04004	04704	05626	07015	09437
037	02691	02691	02691	02782	02782	03189	03746	04480	05586	07516
038	02607	02607	02607	02696	02696	03089	03629	04341	05412	07282
039	02878	02878	02878	02976	02976	03410	04006	04792	05975	08038
040	02380	02380	02380	02461	02461	02820	03313	03963	04941	06647
041	03138	03138	03138	03245	03245	03719	04368	05225	06515	08765
042	02928	02928	02928	03027	03027	03469	04075	04875	06078	08177
043	02922	02922	02922	03021	03021	03462	04067	04865	06066	08161
044	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	03064	03064	03064	03168	03168	03631	04265	05102	06361	08558
002	03113	03113	03113	03219	03219	03689	04334	05184	06463	08696
003	04632	04632	04632	04790	04790	05489	06448	07712	09616	12937
004	03660	03660	03660	03784	03784	04337	05094	06094	07598	10222
005	03476	03476	03476	03594	03594	04119	04839	05788	07216	09709
006	03725	03725	03725	03852	03852	04414	05186	06203	07734	10405
007	03903	03903	03903	04036	04036	04625	05433	06499	08103	10901
008	03425	03425	03425	03541	03541	04058	04767	05702	07109	09565
009	03639	03639	03639	03762	03762	04312	05065	06058	07554	10163
010	04047	04047	04047	04185	04185	04796	05633	06738	08402	11303
012	03853	03853	03853	03984	03984	04566	05363	06415	07998	10761
017	03109	03109	03109	03214	03214	03684	04327	05176	06454	08683
024	03501	03501	03501	03620	03620	04148	04873	05829	07267	09777
026	03324	03324	03324	03437	03437	03939	04627	05534	06901	09284
033	04056	04056	04056	04194	04194	04807	05646	06754	08421	11329
037	03230	03230	03230	03340	03340	03828	04497	05379	06706	09022
038	03130	03130	03130	03236	03236	03709	04357	05211	06497	08741
039	03455	03455	03455	03572	03572	04094	04809	05753	07173	09650
040	02857	02857	02857	02954	02954	03386	03977	04757	05931	07980
041	03767	03767	03767	03895	03895	04464	05244	06273	07821	10522
042	03515	03515	03515	03634	03634	04165	04892	05852	07296	09817
043	03508	03508	03508	03627	03627	04157	04883	05840	07282	09797
044	03324	03324	03324	03437	03437	03939	04627	05534	06901	09284

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02553	02553	02553	02639	02639	03025	03553	04250	05299	07129
002	02593	02593	02593	02682	02682	03073	03610	04318	05384	07243
003	03858	03858	03858	03990	03990	04572	05371	06424	08010	10777
004	03049	03049	03049	03152	03152	03613	04244	05076	06329	08515
005	02896	02896	02896	02994	02994	03431	04031	04821	06011	08087
006	03103	03103	03103	03209	03209	03677	04320	05167	06442	08667
007	03251	03251	03251	03362	03362	03853	04526	05413	06750	09081
008	02853	02853	02853	02950	02950	03380	03971	04750	05922	07968
009	03031	03031	03031	03134	03134	03592	04219	05047	06292	08466
010	03371	03371	03371	03486	03486	03995	04693	05613	06999	09416
012	03209	03209	03209	03319	03319	03803	04467	05344	06663	08964
017	02590	02590	02590	02678	02678	03069	03605	04312	05376	07233
024	02916	02916	02916	03015	03015	03455	04059	04855	06054	08144
026	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733
033	03379	03379	03379	03494	03494	04004	04704	05626	07015	09437
037	02691	02691	02691	02782	02782	03189	03746	04480	05586	07516
038	02607	02607	02607	02696	02696	03089	03629	04341	05412	07282
039	02878	02878	02878	02976	02976	03410	04006	04792	05975	08038
040	02380	02380	02380	02461	02461	02820	03313	03963	04941	06647
041	03138	03138	03138	03245	03245	03719	04368	05225	06515	08765
042	02928	02928	02928	03027	03027	03469	04075	04875	06078	08177
043	02922	02922	02922	03021	03021	03462	04067	04865	06066	08161
044	02769	02769	02769	02863	02863	03281	03854	04610	05748	07733

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
15,000	0.450	220,000	1.365
20,000	0.469	225,000	1.390
25,000	0.488	230,000	1.414
30,000	0.507	235,000	1.439
35,000	0.525	240,000	1.463
40,000	0.544	245,000	1.485
45,000	0.563	250,000	1.507
50,000	0.582	260,000	1.549
55,000	0.601	270,000	1.591
60,000	0.620	280,000	1.639
65,000	0.639	290,000	1.687
70,000	0.658	300,000	1.721
75,000	0.676	350,000	1.911
80,000	0.695	400,000	2.102
85,000	0.714	450,000	2.294
90,000	0.733	500,000	2.500
95,000	0.751	550,000	2.699
100,000	0.769	600,000	2.897
105,000	0.795	650,000	3.096
110,000	0.821	700,000	3.284
115,000	0.839	750,000	3.482
120,000	0.866	800,000	3.680
125,000	0.893	850,000	3.877
130,000	0.910	900,000	4.075
135,000	0.937	950,000	4.273
140,000	0.955	1,000,000	4.470
145,000	0.982	1,100,000	4.865
150,000	1.000	1,200,000	5.261
155,000	1.028	1,300,000	5.656
160,000	1.054	1,400,000	6.029
165,000	1.081	1,500,000	6.423
170,000	1.107	1,600,000	6.816
175,000	1.134	1,700,000	7.211
180,000	1.161	1,800,000	7.605
185,000	1.187	1,900,000	7.999
190,000	1.213	2,000,000	8.394
195,000	1.239	2,100,000	8.788
200,000	1.265	2,200,000	9.183
205,000	1.290	2,300,000	9.578
210,000	1.315	2,400,000	9.974
215,000	1.340	2,500,000	10.369
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
60,000	0.620	245,000	1.485
65,000	0.639	250,000	1.507
70,000	0.658	260,000	1.549
75,000	0.676	270,000	1.591
80,000	0.695	280,000	1.639
85,000	0.714	290,000	1.687
90,000	0.733	300,000	1.721
95,000	0.751	350,000	1.911
100,000	0.769	400,000	2.102
105,000	0.795	450,000	2.294
110,000	0.821	500,000	2.500
115,000	0.839	550,000	2.699
120,000	0.866	600,000	2.897
125,000	0.893	650,000	3.096
130,000	0.910	700,000	3.284
135,000	0.937	750,000	3.482
140,000	0.955	800,000	3.680
145,000	0.982	850,000	3.877
150,000	1.000	900,000	4.075
155,000	1.028	950,000	4.273
160,000	1.054	1,000,000	4.470
165,000	1.081	1,100,000	4.865
170,000	1.107	1,200,000	5.261
175,000	1.134	1,300,000	5.656
180,000	1.161	1,400,000	6.029
185,000	1.187	1,500,000	6.423
190,000	1.213	1,600,000	6.816
195,000	1.239	1,700,000	7.211
200,000	1.265	1,800,000	7.605
205,000	1.290	1,900,000	7.999
210,000	1.315	2,000,000	8.394
215,000	1.340	2,100,000	8.788
220,000	1.365	2,200,000	9.183
225,000	1.390	2,300,000	9.578
230,000	1.414	2,400,000	9.974
235,000	1.439	2,500,000	10.369
240,000	1.463		
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT
NON-WIND/HAIL

WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril					
	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT
NON-WIND/HAIL

WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL PROPERTY AND CASUALTY CO
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-7 ELITE

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

NAIC Number:	408-39942
Company Name:	American National General Insurance Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	9/18/2012

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

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

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

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*	$416.00	$499.00	$410.00	$492.00	$468.00	$562.00	$620.00	$744.00	$522.00	$627.00	$498.00	$598.00	$490.00	$588.00	$487.00	$585.00	$504.00	$605.00
	$120,000	$518.00	$622.00	$511.00	$613.00	$584.00	$701.00	$772.00	$927.00	$651.00	$781.00	$621.00	$746.00	$610.00	$733.00	$607.00	$728.00	$628.00	$754.00
	$160,000	$631.00	$757.00	$622.00	$747.00	$710.00	$853.00	$940.00	$1,128.00	$792.00	$951.00	$756.00	$908.00	$743.00	$892.00	$738.00	$886.00	$765.00	$918.00
6	*$80,000*	$493.00	$592.00	$486.00	$583.00	$555.00	$666.00	$734.00	$882.00	$619.00	$743.00	$591.00	$709.00	$580.00	$697.00	$577.00	$693.00	$597.00	$717.00
	$120,000	$614.00	$737.00	$605.00	$727.00	$692.00	$830.00	$915.00	$1,099.00	$771.00	$926.00	$736.00	$884.00	$723.00	$868.00	$719.00	$863.00	$744.00	$894.00
	$160,000	$748.00	$898.00	$737.00	$885.00	$842.00	$1,010.00	$1,114.00	$1,337.00	$939.00	$1,127.00	$896.00	$1,075.00	$880.00	$1,057.00	$875.00	$1,050.00	$906.00	$1,088.00
9	*$80,000*	$864.00	$1,037.00	$851.00	$1,022.00	$972.00	$1,167.00	$1,287.00	$1,545.00	$1,084.00	$1,302.00	$1,035.00	$1,242.00	$1,017.00	$1,221.00	$1,011.00	$1,213.00	$1,047.00	$1,257.00
	$120,000	$1,076.00	$1,292.00	$1,061.00	$1,274.00	$1,211.00	$1,455.00	$1,603.00	$1,925.00	$1,351.00	$1,622.00	$1,289.00	$1,548.00	$1,267.00	$1,521.00	$1,259.00	$1,512.00	$1,304.00	$1,566.00
	$160,000	$1,310.00	$1,572.00	$1,291.00	$1,550.00	$1,474.00	$1,770.00	$1,951.00	$2,343.00	$1,645.00	$1,975.00	$1,569.00	$1,884.00	$1,542.00	$1,851.00	$1,533.00	$1,840.00	$1,587.00	$1,906.00

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*																		
	$15,000																		
	$25,000																		
6	*$5,000*																		
	$15,000																		
	$25,000																		
9	*$5,000*																		
	$15,000																		
	$25,000																		

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	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78*	%

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	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10 %	

	Zone	Brick	Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$ 5.34	$ 3.58
	Lowest Risk	$ 0.47	$ 0.31

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02430	02430	02430	02513	02513	02880	03383	04047	05046	06788
002	02469	02469	02469	02553	02553	02926	03437	04112	05126	06897
003	03674	03674	03674	03799	03799	04354	05114	06117	07627	10261
004	02903	02903	02903	03001	03001	03440	04041	04833	06026	08107
005	02757	02757	02757	02851	02851	03267	03838	04591	05724	07701
006	02955	02955	02955	03055	03055	03501	04113	04920	06134	08253
007	03096	03096	03096	03201	03201	03669	04309	05155	06427	08647
008	02716	02716	02716	02809	02809	03219	03781	04523	05639	07587
009	02886	02886	02886	02984	02984	03420	04017	04805	05992	08061
010	03210	03210	03210	03319	03319	03804	04468	05345	06664	08965
012	03056	03056	03056	03160	03160	03621	04254	05088	06344	08535
017	02466	02466	02466	02550	02550	02922	03432	04105	05119	06887
024	02777	02777	02777	02871	02871	03290	03865	04623	05764	07755
026	02636	02636	02636	02726	02726	03124	03670	04390	05473	07364
033	03217	03217	03217	03327	03327	03813	04479	05357	06679	08986
037	02562	02562	02562	02649	02649	03036	03567	04266	05319	07156
038	02482	02482	02482	02567	02567	02942	03456	04133	05153	06933
039	02740	02740	02740	02834	02834	03247	03815	04563	05689	07654
040	02266	02266	02266	02343	02343	02685	03155	03773	04705	06329
041	02988	02988	02988	03090	03090	03541	04160	04975	06203	08346
042	02788	02788	02788	02882	02882	03303	03880	04642	05787	07786
043	02782	02782	02782	02877	02877	03297	03873	04632	05776	07771
044	02636	02636	02636	02726	02726	03124	03670	04390	05473	07364

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02025	02025	02025	02093	02093	02399	02818	03371	04203	05655
002	02057	02057	02057	02127	02127	02438	02863	03425	04270	05745
003	03060	03060	03060	03164	03164	03627	04260	05096	06353	08548
004	02418	02418	02418	02500	02500	02865	03366	04026	05020	06754
005	02297	02297	02297	02375	02375	02722	03197	03824	04768	06415
006	02461	02461	02461	02545	02545	02917	03426	04098	05110	06874
007	02579	02579	02579	02666	02666	03056	03590	04294	05354	07203
008	02263	02263	02263	02340	02340	02681	03150	03767	04697	06320
009	02404	02404	02404	02486	02486	02849	03347	04003	04991	06715
010	02674	02674	02674	02765	02765	03169	03722	04452	05551	07468
012	02546	02546	02546	02632	02632	03016	03543	04238	05285	07110
017	02054	02054	02054	02124	02124	02434	02859	03420	04264	05737
024	02313	02313	02313	02392	02392	02741	03220	03851	04802	06460
026	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134
033	02680	02680	02680	02771	02771	03176	03731	04462	05564	07485
037	02134	02134	02134	02207	02207	02529	02971	03554	04431	05961
038	02068	02068	02068	02138	02138	02450	02878	03443	04293	05775
039	02283	02283	02283	02360	02360	02705	03178	03801	04739	06376
040	01888	01888	01888	01952	01952	02237	02628	03143	03919	05272
041	02489	02489	02489	02574	02574	02950	03465	04144	05167	06952
042	02322	02322	02322	02401	02401	02752	03232	03866	04821	06486
043	02318	02318	02318	02396	02396	02746	03226	03859	04811	06473
044	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02025	02025	02025	02093	02093	02399	02818	03371	04203	05655
002	02057	02057	02057	02127	02127	02438	02863	03425	04270	05745
003	03060	03060	03060	03164	03164	03627	04260	05096	06353	08548
004	02418	02418	02418	02500	02500	02865	03366	04026	05020	06754
005	02297	02297	02297	02375	02375	02722	03197	03824	04768	06415
006	02461	02461	02461	02545	02545	02917	03426	04098	05110	06874
007	02579	02579	02579	02666	02666	03056	03590	04294	05354	07203
008	02263	02263	02263	02340	02340	02681	03150	03767	04697	06320
009	02404	02404	02404	02486	02486	02849	03347	04003	04991	06715
010	02674	02674	02674	02765	02765	03169	03722	04452	05551	07468
012	02546	02546	02546	02632	02632	03016	03543	04238	05285	07110
017	02054	02054	02054	02124	02124	02434	02859	03420	04264	05737
024	02313	02313	02313	02392	02392	02741	03220	03851	04802	06460
026	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134
033	02680	02680	02680	02771	02771	03176	03731	04462	05564	07485
037	02134	02134	02134	02207	02207	02529	02971	03554	04431	05961
038	02068	02068	02068	02138	02138	02450	02878	03443	04293	05775
039	02283	02283	02283	02360	02360	02705	03178	03801	04739	06376
040	01888	01888	01888	01952	01952	02237	02628	03143	03919	05272
041	02489	02489	02489	02574	02574	02950	03465	04144	05167	06952
042	02322	02322	02322	02401	02401	02752	03232	03866	04821	06486
043	02318	02318	02318	02396	02396	02746	03226	03859	04811	06473
044	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02430	02430	02430	02513	02513	02880	03383	04047	05046	06788
002	02469	02469	02469	02553	02553	02926	03437	04112	05126	06897
003	03674	03674	03674	03799	03799	04354	05114	06117	07627	10261
004	02903	02903	02903	03001	03001	03440	04041	04833	06026	08107
005	02757	02757	02757	02851	02851	03267	03838	04591	05724	07701
006	02955	02955	02955	03055	03055	03501	04113	04920	06134	08253
007	03096	03096	03096	03201	03201	03669	04309	05155	06427	08647
008	02716	02716	02716	02809	02809	03219	03781	04523	05639	07587
009	02886	02886	02886	02984	02984	03420	04017	04805	05992	08061
010	03210	03210	03210	03319	03319	03804	04468	05345	06664	08965
012	03056	03056	03056	03160	03160	03621	04254	05088	06344	08535
017	02466	02466	02466	02550	02550	02922	03432	04105	05119	06887
024	02777	02777	02777	02871	02871	03290	03865	04623	05764	07755
026	02636	02636	02636	02726	02726	03124	03670	04390	05473	07364
033	03217	03217	03217	03327	03327	03813	04479	05357	06679	08986
037	02562	02562	02562	02649	02649	03036	03567	04266	05319	07156
038	02482	02482	02482	02567	02567	02942	03456	04133	05153	06933
039	02740	02740	02740	02834	02834	03247	03815	04563	05689	07654
040	02266	02266	02266	02343	02343	02685	03155	03773	04705	06329
041	02988	02988	02988	03090	03090	03541	04160	04975	06203	08346
042	02788	02788	02788	02882	02882	03303	03880	04642	05787	07786
043	02782	02782	02782	02877	02877	03297	03873	04632	05776	07771
044	02636	02636	02636	02726	02726	03124	03670	04390	05473	07364

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	02025	02025	02025	02093	02093	02399	02818	03371	04203	05655
002	02057	02057	02057	02127	02127	02438	02863	03425	04270	05745
003	03060	03060	03060	03164	03164	03627	04260	05096	06353	08548
004	02418	02418	02418	02500	02500	02865	03366	04026	05020	06754
005	02297	02297	02297	02375	02375	02722	03197	03824	04768	06415
006	02461	02461	02461	02545	02545	02917	03426	04098	05110	06874
007	02579	02579	02579	02666	02666	03056	03590	04294	05354	07203
008	02263	02263	02263	02340	02340	02681	03150	03767	04697	06320
009	02404	02404	02404	02486	02486	02849	03347	04003	04991	06715
010	02674	02674	02674	02765	02765	03169	03722	04452	05551	07468
012	02546	02546	02546	02632	02632	03016	03543	04238	05285	07110
017	02054	02054	02054	02124	02124	02434	02859	03420	04264	05737
024	02313	02313	02313	02392	02392	02741	03220	03851	04802	06460
026	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134
033	02680	02680	02680	02771	02771	03176	03731	04462	05564	07485
037	02134	02134	02134	02207	02207	02529	02971	03554	04431	05961
038	02068	02068	02068	02138	02138	02450	02878	03443	04293	05775
039	02283	02283	02283	02360	02360	02705	03178	03801	04739	06376
040	01888	01888	01888	01952	01952	02237	02628	03143	03919	05272
041	02489	02489	02489	02574	02574	02950	03465	04144	05167	06952
042	02322	02322	02322	02401	02401	02752	03232	03866	04821	06486
043	02318	02318	02318	02396	02396	02746	03226	03859	04811	06473
044	02196	02196	02196	02271	02271	02602	03057	03657	04559	06134

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
002	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
003	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
004	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
005	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
006	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
007	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
008	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
009	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
010	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
012	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
017	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
024	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
026	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
033	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
037	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
038	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
039	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
040	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234
041	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
042	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
043	00180	00180	00180	00180	00180	00180	00180	00195	00268	00289
044	00146	00146	00146	00146	00146	00146	00146	00158	00217	00234

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

	PROTECTION CLASSES									
ZONE	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	00282	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	00282	00304
042	00189	00189	00189	00189	00189	00189	00189	00205	00282	00304
043	00189	00189	00189	00189	00189	00189	00189	00205	00282	00304
044	00153	00153	00153	00153	00153	00153	00153	00166	00228	00246

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
002	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
003	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
004	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
005	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
006	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
007	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
008	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
009	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
010	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
012	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
017	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
024	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
026	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
033	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
037	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
038	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
039	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
040	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316
041	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
042	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
043	00243	00243	00243	00243	00243	00243	00243	00264	00362	00391
044	00197	00197	00197	00197	00197	00197	00197	00213	00293	00316

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

	PROTECTION CLASSES									
ZONE	01	02	03	04	05	06	07	08	09	10
001	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
002	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
003	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
004	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
005	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
006	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
007	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
008	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
009	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
010	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
012	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
017	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
024	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
026	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
033	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
037	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
038	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
039	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
040	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332
041	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
042	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
043	00255	00255	00255	00255	00255	00255	00255	00277	00380	00410
044	00207	00207	00207	00207	00207	00207	00207	00224	00308	00332

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS	AMOUNT OF COVERAGE	RELATIVITY FACTORS
15,000	0.450	220,000	1.365
20,000	0.469	225,000	1.390
25,000	0.488	230,000	1.414
30,000	0.507	235,000	1.439
35,000	0.525	240,000	1.463
40,000	0.544	245,000	1.485
45,000	0.563	250,000	1.507
50,000	0.582	260,000	1.549
55,000	0.601	270,000	1.591
60,000	0.620	280,000	1.639
65,000	0.639	290,000	1.687
70,000	0.658	300,000	1.721
75,000	0.676	350,000	1.911
80,000	0.695	400,000	2.102
85,000	0.714	450,000	2.294
90,000	0.733	500,000	2.500
95,000	0.751	550,000	2.699
100,000	0.769	600,000	2.897
105,000	0.795	650,000	3.096
110,000	0.821	700,000	3.284
115,000	0.839	750,000	3.482
120,000	0.866	800,000	3.680
125,000	0.893	850,000	3.877
130,000	0.910	900,000	4.075
135,000	0.937	950,000	4.273
140,000	0.955	1,000,000	4.470
145,000	0.982	1,100,000	4.865
150,000	1.000	1,200,000	5.261
155,000	1.028	1,300,000	5.656
160,000	1.054	1,400,000	6.029
165,000	1.081	1,500,000	6.423
170,000	1.107	1,600,000	6.816
175,000	1.134	1,700,000	7.211
180,000	1.161	1,800,000	7.605
185,000	1.187	1,900,000	7.999
190,000	1.213	2,000,000	8.394
195,000	1.239	2,100,000	8.788
200,000	1.265	2,200,000	9.183
205,000	1.290	2,300,000	9.578
210,000	1.315	2,400,000	9.974
215,000	1.340	2,500,000	10.369
		EACH ADDITIONAL 5,000	0.025

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS COVERAGE AMOUNT RELATIVITY FACTORS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	RELATIVITY FACTORS
10,000	0.675
15,000	0.846
20,000	1.000
25,000	1.114
30,000	1.234
35,000	1.349
40,000	1.464
45,000	1.579
50,000	1.694
55,000	1.809
60,000	1.924
65,000	2.039
70,000	2.154
75,000	2.269
80,000	2.384
85,000	2.499
90,000	2.614
95,000	2.729
100,000	2.844
EACH ADDITIONAL 1,000	0.023

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	All Peril							
15,000 & UNDER	n/a	0.00	-0.16	-0.29	-0.50	0.00	0.00	-0.16
20,000	n/a	0.00	-0.15	-0.28	-0.48	0.00	0.00	-0.15
25,000	n/a	0.00	-0.15	-0.27	-0.47	0.00	0.00	-0.15
30,000	n/a	0.00	-0.14	-0.26	-0.45	0.00	0.00	-0.14
35,000	n/a	0.00	-0.14	-0.25	-0.44	0.00	0.00	-0.14
40,000	n/a	0.00	-0.13	-0.25	-0.43	0.00	0.00	-0.13
45,000	n/a	0.00	-0.13	-0.24	-0.42	0.00	0.00	-0.13
50,000	n/a	0.00	-0.12	-0.23	-0.41	0.00	0.00	-0.12
55,000	n/a	0.00	-0.12	-0.23	-0.40	0.00	0.00	-0.12
60,000	n/a	0.00	-0.12	-0.22	-0.39	0.00	0.00	-0.12
65,000	n/a	0.00	-0.11	-0.21	-0.38	0.00	0.00	-0.11
70,000	n/a	0.00	-0.11	-0.21	-0.37	0.00	0.00	-0.11
75,000	n/a	0.00	-0.11	-0.20	-0.37	0.00	0.00	-0.11
80,000	n/a	0.00	-0.10	-0.20	-0.36	0.00	0.00	-0.10
85,000	n/a	0.00	-0.10	-0.19	-0.35	0.00	0.00	-0.10
90,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
95,000	n/a	0.00	-0.10	-0.19	-0.34	0.00	0.00	-0.10
100,000	n/a	0.00	-0.10	-0.18	-0.33	0.00	0.00	-0.10
105,000	n/a	0.00	-0.09	-0.18	-0.32	0.00	0.00	-0.10
110,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
115,000	n/a	0.00	-0.09	-0.17	-0.31	0.00	-0.01	-0.11
120,000	n/a	0.00	-0.08	-0.16	-0.30	0.00	-0.02	-0.12
125,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.02	-0.12
130,000	n/a	0.00	-0.08	-0.16	-0.29	0.00	-0.03	-0.13
135,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
140,000	n/a	0.00	-0.08	-0.15	-0.28	0.00	-0.03	-0.13
145,000	n/a	0.00	-0.08	-0.15	-0.27	0.00	-0.03	-0.14
150,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.14
155,000	n/a	0.00	-0.07	-0.14	-0.26	0.00	-0.04	-0.15
160,000	n/a	0.00	-0.07	-0.14	-0.25	0.00	-0.04	-0.15
165,000	n/a	0.00	-0.07	-0.13	-0.25	0.00	-0.05	-0.15
170,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.15
175,000	n/a	0.00	-0.07	-0.13	-0.24	0.00	-0.05	-0.16
200,000	n/a	0.00	-0.06	-0.11	-0.22	0.00	-0.06	-0.17
250,000	n/a	0.00	-0.05	-0.10	-0.18	-0.01	-0.07	-0.18
300,000	n/a	0.00	-0.04	-0.09	-0.16	-0.02	-0.09	-0.20
350,000	n/a	0.00	-0.04	-0.08	-0.15	-0.03	-0.10	-0.21
400,000	n/a	0.00	-0.04	-0.07	-0.14	-0.04	-0.10	-0.23
500,000	n/a	0.00	-0.03	-0.06	-0.12	-0.05	-0.12	-0.24
600,000	n/a	0.00	-0.03	-0.05	-0.10	-0.05	-0.12	-0.25
750,000	n/a	0.00	-0.02	-0.04	-0.08	-0.06	-0.13	-0.27
1,000,000	n/a	0.00	-0.02	-0.03	-0.07	-0.07	-0.14	-0.28
1,500,000	n/a	0.00	-0.01	-0.02	-0.05	-0.07	-0.15	-0.29
2,000,000	n/a	0.00	-0.01	-0.02	-0.04	-0.08	-0.16	-0.30
2,500,000 & OVER	n/a	0.00	-0.01	-0.02	-0.03	-0.08	-0.16	-0.30
MINIMUM DEDUCT						$1000	$1000	$2000

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	0.5% WIND & HAIL							
15,000 & UNDER	n/a	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	n/a	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	n/a	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	n/a	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	n/a	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
115,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
120,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
125,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
130,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
135,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
140,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
145,000	n/a	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
150,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
155,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
160,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
165,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
170,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
175,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
200,000	n/a	0.00	-0.04	n/a	n/a	n/a	n/a	n/a
250,000	n/a	0.00	-0.03	n/a	n/a	n/a	n/a	n/a
300,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
350,000	n/a	-0.01	-0.02	n/a	n/a	n/a	n/a	n/a
400,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
500,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
600,000	n/a	-0.02	-0.02	n/a	n/a	n/a	n/a	n/a
750,000	n/a	-0.02	-0.01	n/a	n/a	n/a	n/a	n/a
1,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
1,500,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,000,000	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	n/a	-0.03	-0.01	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT

NON-WIND/HAIL		
WIND/HAIL	$1000	$2000

WIND/HAIL DEDUCTIBLE CAN NOT BE LOWER THAN NON-WIND/HAIL DEDUCTIBLE

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-3 SPECIAL

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

AMOUNT OF COVERAGE	$500	$1000	$2000	$3000	$5000	.5%	1%	2%
	1% Wind & Hail							
15,000 & UNDER	0.05	0.00	-0.10	n/a	n/a	n/a	n/a	n/a
20,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
25,000	0.05	0.00	-0.09	n/a	n/a	n/a	n/a	n/a
30,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
35,000	0.05	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
40,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
45,000	0.04	0.00	-0.08	n/a	n/a	n/a	n/a	n/a
50,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
55,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
60,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
65,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
70,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
75,000	0.04	0.00	-0.07	n/a	n/a	n/a	n/a	n/a
80,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
85,000	0.04	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
90,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
95,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
100,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
105,000	0.03	0.00	-0.05	n/a	n/a	n/a	n/a	n/a
110,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
115,000	0.03	0.00	-0.06	n/a	n/a	n/a	n/a	n/a
120,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
125,000	0.02	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
130,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
135,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
140,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
145,000	0.01	-0.01	-0.06	n/a	n/a	n/a	n/a	n/a
150,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
155,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
160,000	0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
165,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
170,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
175,000	0.00	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
200,000	-0.01	-0.02	-0.06	n/a	n/a	n/a	n/a	n/a
250,000	-0.01	-0.03	-0.06	n/a	n/a	n/a	n/a	n/a
300,000	-0.02	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
350,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
400,000	-0.03	-0.04	-0.06	n/a	n/a	n/a	n/a	n/a
500,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
600,000	-0.04	-0.05	-0.07	n/a	n/a	n/a	n/a	n/a
750,000	-0.05	-0.05	-0.06	n/a	n/a	n/a	n/a	n/a
1,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
1,500,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,000,000	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a
2,500,000 & OVER	-0.05	-0.06	-0.07	n/a	n/a	n/a	n/a	n/a

MINIMUM DEDUCT			
NON-Wind/Hail			
Wind/Hail	$1000	$1000	$2000

Wind/Hail DEDUCTIBLE CAN NOT BE LOWER THAN NON-Wind/Hail DEDUCTIBLE

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-4 TENANT

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
All Peril	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

AMERICAN NATIONAL GENERAL INSURANCE COMPANY
HOMEOWNERS DEDUCTIBLE ADJUSTMENTS

All Peril

SH-6 CONDOMINIUM

ZONE 001 002 003 004 005 006 007 008 009 010 012 017 024 026 033 037 038 039 040 041 042 043 044

	$500	$1000	$2000	$3000	$5000
	All Peril				
	0.33	0.00	-0.15	-0.25	-0.35
MAX PREM ADJ			$75	$150	$300

ALL PERIL DEDUCTIBLE FACTORS SAME FOR ALL ZONES.

NAIC Number:	408-28401
Company Name:	American National Property And Casualty Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	9/18/2012

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

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

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

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*	$448.00	$538.00	$442.00	$531.00	$505.00	$606.00	$668.00	$802.00	$563.00	$676.00	$537.00	$645.00	$528.00	$634.00	$525.00	$630.00	$543.00	$652.00
	$120,000	$559.00	$671.00	$551.00	$661.00	$629.00	$755.00	$832.00	$999.00	$701.00	$842.00	$669.00	$803.00	$658.00	$790.00	$654.00	$785.00	$677.00	$813.00
	$160,000	$680.00	$816.00	$670.00	$805.00	$765.00	$919.00	$1,013.00	$1,216.00	$854.00	$1,025.00	$815.00	$978.00	$800.00	$961.00	$796.00	$955.00	$824.00	$989.00
6	*$80,000*	$531.00	$638.00	$524.00	$629.00	$598.00	$718.00	$791.00	$950.00	$667.00	$801.00	$636.00	$764.00	$625.00	$751.00	$622.00	$746.00	$644.00	$773.00
	$120,000	$662.00	$795.00	$652.00	$783.00	$745.00	$895.00	$986.00	$1,184.00	$831.00	$998.00	$793.00	$952.00	$779.00	$936.00	$775.00	$930.00	$802.00	$963.00
	$160,000	$806.00	$967.00	$794.00	$953.00	$907.00	$1,089.00	$1,200.00	$1,441.00	$1,012.00	$1,215.00	$965.00	$1,159.00	$948.00	$1,139.00	$943.00	$1,132.00	$976.00	$1,172.00
9	*$80,000*	$931.00	$1,117.00	$917.00	$1,101.00	$1,048.00	$1,258.00	$1,386.00	$1,665.00	$1,169.00	$1,403.00	$1,115.00	$1,339.00	$1,096.00	$1,315.00	$1,089.00	$1,308.00	$1,128.00	$1,354.00
	$120,000	$1,160.00	$1,392.00	$1,143.00	$1,372.00	$1,305.00	$1,567.00	$1,727.00	$2,074.00	$1,456.00	$1,748.00	$1,389.00	$1,668.00	$1,365.00	$1,639.00	$1,357.00	$1,629.00	$1,405.00	$1,687.00
	$160,000	$1,411.00	$1,694.00	$1,391.00	$1,670.00	$1,589.00	$1,908.00	$2,102.00	$2,524.00	$1,772.00	$2,128.00	$1,691.00	$2,030.00	$1,661.00	$1,995.00	$1,652.00	$1,983.00	$1,710.00	$2,054.00

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*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
6	*$5,000*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
9	*$5,000*	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$140.00	$140.00
	$15,000	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$176.00	$176.00
	$25,000	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$231.00	$231.00

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	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78%*	%

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	Yes	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone		Brick		Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$	5.34	$	3.58
	Lowest Risk	$	0.47	$	0.31

NAIC Number:	408-28401
Company Name:	American National Property And Casualty Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	8/29/2012

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

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

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

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*	$487.00	$584.00	$480.00	$576.00	$548.00	$658.00	$725.00	$870.00	$611.00	$733.00	$583.00	$700.00	$573.00	$688.00	$570.00	$684.00	$590.00	$708.00
	$120,000	$606.00	$728.00	$598.00	$717.00	$683.00	$820.00	$903.00	$1,085.00	$761.00	$914.00	$727.00	$872.00	$714.00	$857.00	$710.00	$852.00	$735.00	$882.00
	$160,000	$738.00	$886.00	$727.00	$873.00	$831.00	$998.00	$1,100.00	$1,320.00	$927.00	$1,112.00	$884.00	$1,062.00	$869.00	$1,043.00	$864.00	$1,037.00	$894.00	$1,074.00
6	*$80,000*	$577.00	$692.00	$568.00	$682.00	$649.00	$779.00	$859.00	$1,031.00	$724.00	$869.00	$691.00	$830.00	$679.00	$815.00	$675.00	$810.00	$699.00	$839.00
	$120,000	$718.00	$863.00	$708.00	$850.00	$809.00	$971.00	$1,070.00	$1,285.00	$902.00	$1,083.00	$861.00	$1,034.00	$846.00	$1,015.00	$841.00	$1,010.00	$871.00	$1,045.00
	$160,000	$874.00	$1,050.00	$862.00	$1,035.00	$985.00	$1,182.00	$1,303.00	$1,564.00	$1,098.00	$1,318.00	$1,048.00	$1,258.00	$1,029.00	$1,236.00	$1,023.00	$1,229.00	$1,060.00	$1,272.00
9	*$80,000*	$1,010.00	$1,213.00	$996.00	$1,195.00	$1,137.00	$1,366.00	$1,505.00	$1,807.00	$1,268.00	$1,523.00	$1,210.00	$1,453.00	$1,189.00	$1,428.00	$1,182.00	$1,419.00	$1,224.00	$1,470.00
	$120,000	$1,259.00	$1,511.00	$1,241.00	$1,489.00	$1,417.00	$1,702.00	$1,875.00	$2,252.00	$1,580.00	$1,897.00	$1,508.00	$1,811.00	$1,482.00	$1,779.00	$1,473.00	$1,769.00	$1,525.00	$1,831.00
	$160,000	$1,532.00	$76.00	$1,510.00	$1,813.00	$1,725.00	$2,071.00	$2,282.00	$2,740.00	$1,923.00	$2,309.00	$1,836.00	$2,204.00	$1,803.00	$2,165.00	$1,793.00	$2,153.00	$1,856.00	$2,229.00

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*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
6	*$5,000*	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$76.00	$94.00	$94.00
	$15,000	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$95.00	$118.00	$118.00
	$25,000	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$126.00	$155.00	$155.00
9	*$5,000*	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$113.00	$140.00	$140.00
	$15,000	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$142.00	$176.00	$176.00
	$25,000	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$187.00	$231.00	$231.00

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	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78*	%

EARTHQUAKE INSURANCE

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

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS?	Yes	*(yes or no)*
WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone		Brick		Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$	5.34	$	3.58
	Lowest Risk	$	0.47	$	0.31

NAIC Number:	408-39942
Company Name:	American National General Insurance Company
Contact Person:	Richelle Lewers
Telephone No.:	417-887-4990 ext. 2607
Email Address:	Rlewers@anpac.com
Effective Date:	8/29/2012

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

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

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

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*	$452.00	$542.00	$445.00	$534.00	$508.00	$610.00	$673.00	$808.00	$567.00	$681.00	$541.00	$650.00	$532.00	$638.00	$529.00	$635.00	$547.00	$657.00
	$120,000	$563.00	$675.00	$555.00	$666.00	$634.00	$761.00	$838.00	$1,006.00	$706.00	$848.00	$674.00	$809.00	$662.00	$795.00	$659.00	$791.00	$682.00	$819.00
	$160,000	$685.00	$822.00	$675.00	$810.00	$771.00	$926.00	$1,020.00	$1,225.00	$860.00	$1,032.00	$821.00	$985.00	$806.00	$968.00	$802.00	$962.00	$830.00	$996.00
6	*$80,000*	$535.00	$642.00	$527.00	$633.00	$603.00	$723.00	$797.00	$957.00	$672.00	$807.00	$641.00	$770.00	$630.00	$756.00	$626.00	$752.00	$648.00	$778.00
	$120,000	$667.00	$800.00	$657.00	$789.00	$751.00	$901.00	$993.00	$1,193.00	$837.00	$1,005.00	$799.00	$959.00	$785.00	$942.00	$780.00	$937.00	$808.00	$970.00
	$160,000	$811.00	$974.00	$800.00	$960.00	$914.00	$1,097.00	$1,209.00	$1,452.00	$1,019.00	$1,223.00	$972.00	$1,167.00	$955.00	$1,147.00	$950.00	$1,140.00	$983.00	$1,181.00
9	*$80,000*	$937.00	$1,125.00	$924.00	$1,109.00	$1,055.00	$1,267.00	$1,397.00	$1,677.00	$1,177.00	$1,413.00	$1,123.00	$1,349.00	$1,103.00	$1,325.00	$1,097.00	$1,317.00	$1,136.00	$1,364.00
	$120,000	$1,168.00	$1,402.00	$1,151.00	$1,382.00	$1,315.00	$1,579.00	$1,740.00	$2,089.00	$1,466.00	$1,761.00	$1,400.00	$1,680.00	$1,375.00	$1,651.00	$1,367.00	$1,641.00	$1,415.00	$1,699.00
	$160,000	$1,421.00	$1,707.00	$1,401.00	$1,682.00	$1,601.00	$1,922.00	$2,118.00	$2,543.00	$1,785.00	$2,143.00	$1,703.00	$2,045.00	$1,673.00	$2,009.00	$1,664.00	$1,998.00	$1,723.00	$2,068.00

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*																		
	$15,000																		
	$25,000																		
6	*$5,000*																		
	$15,000																		
	$25,000																		
9	*$5,000*																		
	$15,000																		
	$25,000																		

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																		

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HO3 and HO4 only

Fire Extinguisher	0	%	*Deadbolt Lock*	0	%
Burglar Alarm	5	%	*Window Locks*	0	%
Smoke Alarm	0	%	*$1,000 Deductible*	Base	%
			Other (specify)		
			Claim Free Plus & Utility/R	*Up to 56% a*	%
			Maximum Credit Allowed	*56% and 78*	%

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WHAT IS YOUR PERCENTAGE DEDUCTIBLE?	10	%

	Zone		Brick		Frame
WHAT IS YOUR PRICE PER $1,000 OF COVERAGE?	Highest Risk	$	5.34	$	3.58
	Lowest Risk	$	0.47	$	0.31

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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	**42.8%**	**30.5%**					
SH-4 & SH-6	**-30.8%**	**-0.3%**					
TOTAL OVERALL EFFECT	**41.8%**	**30.0%**					

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
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%**
2011	**4820**	**9.9%**	**7/20/11**	**4151**	**5650**	**136.1%**	**106.9%**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**15.1%**
B. General Expense	**1.2%**
C. Taxes, License & Fees	**2.9%**
D. Underwriting Profit & Contingencies	**15.7%**
E. Other (explain)Reinsure Exp	**4.5%**
F. TOTAL	**39.4%**

8. **N** Apply Lost Cost Factors to Future filings? (Y or N)
9. **+92.5%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
10. **-22.3%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 008

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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	**42.8%**	**29.6%**					
SH-4 & SH-6	**-30.8%**	**0.0%**					
TOTAL OVERALL EFFECT	**41.8%**	**29.1%**					

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
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%**
2011	**318**	**9.6%**	**7/21/11**	**264**	**522**	**197.7%**	**118.0%**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**15.1%**
B. General Expense	**1.2%**
C. Taxes, License & Fees	**2.9%**
D. Underwriting Profit & Contingencies	**15.7%**
E. Other (explain)Reinsure Exp	**4.5%**
F. TOTAL	**39.4%**

8. **N** Apply Lost Cost Factors to Future filings? (Y or N)
9. **+69.4%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
10. **-13.7%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 017

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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	**42.8%**	**30.4%**					
SH-4 & SH-6	**-30.8%**	**-0.2%**					
TOTAL OVERALL EFFECT	**41.8%**	**30.0%**					

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
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%**
2011	**4820**	**9.9%**	**7/20/11**	**4151**	**5650**	**136.1%**	**106.9%**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**15.1%**
B. General Expense	**1.2%**
C. Taxes, License & Fees	**2.9%**
D. Underwriting Profit & Contingencies	**15.7%**
E. Other (explain)Reinsure Exp	**4.5%**
F. TOTAL	**39.4%**

8. **N** Apply Lost Cost Factors to Future filings? (Y or N)
9. **+92.5%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): __ 002_____
10. **-22.3%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___008_____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**03-H-G-12-0157**

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
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%**
2011	**318**	**9.6%**	**7/21/11**	**264**	**522**	**197.7%**	**118.0%**

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. **+69.4%** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 002
10. **-13.7%** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): 017