

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: American National General Insurance Company  
 NAIC Number: 408-39942  
 Name of Advisory Organization Whose Filing You are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: N/A Proposed Effective Date: 4/15/07 NB and RB

Contact Person: Beth Summers  
 Signature: *Beth Summers*  
 Telephone No: 417-887-4990, ext. 2238

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Bodily Injury	-4.2%	0.2%					
Property Damage	-7.2%	-5.6%					
Medical Payments	0.3%	1.8%					
Uninsured Motorist Bodily Injury	-0.4%	-8.8%					
Underinsured Motorists Bodily Injury	2.6%	8.1%					
Uninsured Motorist Property Damage	-1.5%	-8.8%					
Comprehensive	0.1%	-1.9%					
Collision	-1.0%	-2.2%					
<b>TOTAL OVERALL EFFECT</b>	<b>-3.1%</b>	<b>-2.1%</b>					

na Apply Lost Cost Factors to Future Filings? (Y or N)  
25% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-18% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Rate Change History				5 Year History		Countrywide		Selected Provisions	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	liab	pd
2001	438	9.4	7/15/2002	743	613	82.5%	76.2%	A. Total Production Expense	14.4 17.4
2002	441	10.9	2/15/2003	881	593	67.3%	74.0%	B. General Expense	0.9 1.2
2003	362	0.0	12/1/2003	897	774	97.0%	77.0%	C. Taxes, License & Fees	3.2 3.4
2004	276	10.5	10/1/2004	661	216	32.7%	65.8%	D. Underwriting Profit & Contingencies	6.3 12.5
2005	274	0.0	9/1/2005	484	146	30.2%	57.6%	E. Other (explain)	
								F. TOTAL	24.8 34.5