

American National Property and Casualty Company

LENDERS COMPREHENSIVE SINGLE INTEREST MONTHLY PREMIUM REPORT

Master Policy Number _____ Month of _____, 20____

SECTION I. INFORMATION ON LOANS MADE DURING CURRENT BILLING PERIOD

Locations Reporting	Number of New Loans			Monthly Rate	Monthly Premium
	Direct	Indirect	Other		
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				Total Amount Remitted	\$

SECTION II. ADDITIONAL INFORMATION FOR ALL LOANS COVERED UNDER LCSII POLICY ONLY

Total Number of Loans in Force		
Number of Delinquent Loans for Month		
Current Total Outstanding Balance of Loans in Force		
Number of Repossessions for Month		
Report Submitted By		
Named Insured		Telephone
Street Address	City	State Zip

Name & Address of Agent
 Courtesy Insurance Agency
 P O Box 13130
 Oklahoma City OK 73113-1130

Signature _____

Date Report Submitted _____