



AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY (ANPAC)  
GUARANTEED AUTO PROTECTION (GAP)  
MONTHLY REPORT AND REMITTANCE

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Month of: \_\_\_\_\_ Year: \_\_\_\_\_

NEW BUSINESS – Premium Written

	Number	%	Amount	Comments:
GAP Coverage				
Total Gross Premiums				
Less Commissions		%		
NET DUE ANPAC:				

**MAKE YOUR CHECK MADE PAYABLE TO:**

**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY (ANPAC)**

\_\_\_\_\_  
PRINT PREPARER'S NAME

\_\_\_\_\_  
PHONE NUMBER / DATE PREPARED

PLEASE MAIL THIS ORIGINAL AND YOUR CHECK IN THE RETURN ENVELOPE TO OUR ADMINISTRATIVE OFFICE: **American National Insurance Company, P O Box 696785, San Antonio, TX 78269-6785**

**Along with your check and original Report & Remittance form, please remit the following:**

1. All policies issued during the period.
2. Adding machine tapes supporting this report.
3. Copies of all voided policies.

Please call (800) 899-6502 for a cancellation refund quote.

**Fax cancels daily to: Refund Department at 1-877-334-1899, along with the Cancellation Request Form.**