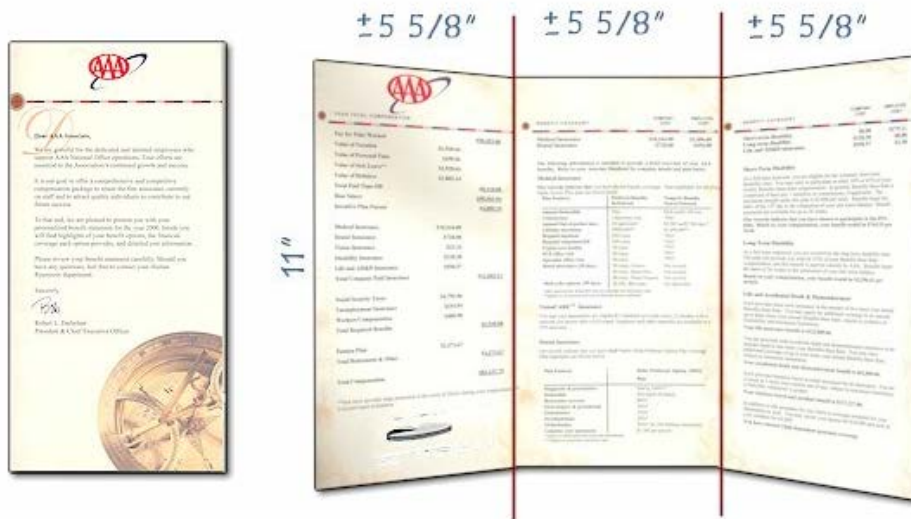


AAA Statement 11"x17" with cover



Retirement Plan

AAA's Thrift Savings Plan helps you provide for a sound financial future. This plan consists of your contribution and an employer-matching contribution. Currently, AAA will match up to a rate of \$30 for each pre-tax dollar you save up to 6% of your compensation, subject to IRS limits. You are immediately vested in any money that you or the company contribute.

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BENEFIT CATEGORY	COMPANY COST	EMPLOYEE COST
Retirement Plan	\$3,273.67	\$0.00

Thrift Savings Plan - 401(k)

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Dear AAA Associate,

We're grateful for the dedicated and talented employees who support AAA National Office operations. Your efforts are essential to the Association's continued growth and success.

It is our goal to offer a comprehensive and competitive compensation package to retain the fine associates currently on staff and to attract quality individuals to contribute to our future success.

In that end, we are pleased to present you with your personalized benefit statement for the year 2006. Inside you will find highlights of your benefit options, the financial coverage each option provides, and detailed cost information.

Please review your benefit statement carefully. Should you have any questions, feel free to contact your Human Resources department.

Sincerely,

Robert L. Durbet

Robert L. Durbet
President & Chief Executive Officer

	COMPANY COST	EMPLOYEE COST
Vacation	\$2,828.64	\$0.00
Holidays	\$3,202.24	\$0.00
Personal Time Off	\$452.56	\$0.00
Sick Leave Value	\$2,828.64	\$0.00

Vacation

During your first 8 years of service, you earn vacation at a rate of 8 hours per pay period. Your vacation rate will increase with each five years of service. Our records indicate that you are earning vacation at a rate of 4 hours per period as of January 1, 2006.

Holidays

As a full-time associate you receive 8 scheduled holidays.

Personal Time

As a full-time associate you earn 2 personal days per year. Personal days must be used within the calendar year in which they are earned.

Sick Leave

As a full-time associate you earn 8 hours per pay period and can accumulate up to 1,000 hours.

Educational Assistance

This program provides up to 90% (up to \$150 undergraduate & \$420 graduate) reimbursement of tuition and textbook expense for job-related courses. Reimbursement will not exceed \$4,675 per calendar year.

Dependent Care Spending Account

Allows reimbursement with pre-tax dollars for work-related dependent day-care costs.

Health and Finance Programs

You may be reimbursed up to 50% (max of \$200) of the cost of any eligible program.

Health Care Spending Account


Provides a way to pay medical, dental and vision care expenses with pre-tax dollars.

Adoption Assistance

Full-time associates with at least 12 months of service may receive up to \$3,000 in financial assistance for each child adopted.

Harry Hardworker
17220-111
074-3A 0000

OUTSIDE



YOUR TOTAL COMPENSATION

Pay for Time Worked	\$50,253.56
Value of Vacation	\$2,928.64
Value of Personal Time	\$489.56
Value of Sick Leave**	\$2,928.64
Value of Holidays	\$1,802.24
Total Paid Time Off	\$8,149.08
Base Salary	\$58,563.94
Incentive Plan Payout	\$4,081.19
Medical Insurance	\$10,244.60
Dental Insurance	\$728.60
Vision Insurance	\$22.16
Disability Insurance	\$125.35
Life and AD&D Insurance	\$558.57
Total Company Paid Insurance	\$11,682.11
Social Security Taxes	\$4,792.56
Unemployment Insurance	\$334.94
Workers Compensation	\$489.56
Total Required Benefits	\$5,617.02
Pension Plan	\$3,274.67
Total Retirement & Other	\$3,274.67
Total Compensation	\$82,127.92

YOUR TOTAL COMPENSATION

Direct Pay/Forfeiture Days Required: 100%
Insurance: 100%
Life/Retirement & Other: 100%

BENEFIT CATEGORY

BENEFIT CATEGORY	COMPANY COST	EMPLOYEE COST
Medical Insurance	\$10,244.60	\$2,006.00
Dental Insurance	\$728.60	\$494.00
Short-term disability	\$0.00	\$275.11
Long-term disability	\$125.35	\$0.00
Life and AD&D Insurance	\$558.57	\$2.08

The following information is intended to provide a brief overview of your AAA benefits. Refer to your *Employee Handbook* for complete details and plan limits.

Medical Insurance

Our records indicate that you have elected Family coverage. Plan highlights for the Optima Open Access Plus plan are shown below.

Plan Features	Preferred Benefits In Network	Standard Benefits Out of Network
Annual Deductible	None	\$500 (individual) / \$1,000 (family)
Coincidence	Coincidence only	70%*
Annual Out-of-pocket limit	Not applicable**	\$2,500 (individual) / \$5,000 (family)**
Lifetime maximum	\$2,000,000**	\$2,000,000**
Hospital inpatient	\$100 copay	70%*
Hospital outpatient/ER	Not applicable	70%*
Emergency care facility	Not applicable	70%*
PC P Office visit	\$30 copay	70%*
Specialist office visit	\$60 copay	70%*
Brand pharmacy (90 days)	Wholesale: Generic \$0 copay; Brand: 70% \$2.50; 500 copay	Not covered
Maternity plan, (90 days)	Not applicable	Not applicable

*Applies to in-network and out-of-network rates.
**Applies to maximum and out-of-network rates combined.

Vision CARE™ Insurance

You and your dependents are eligible for a mandatory exam every 12 months with a network eye doctor after a \$10 copay. Contact lenses and other materials are available at a 25% discount.

Dental Insurance

Our records indicate that you have elected Family Delta Preferred Option Plan coverage. Plan highlights are shown below.

Plan Features	Delta Preferred Option (DPO) Plan
Diagnostic & preventive	Part of 100%*
Deductible	\$50 (individual) / \$100 (family)
Restorative services	\$20%*
Oral surgery & periodontal	70%*
Endodontics	70%*
Prosthodontics	50%*
Orthodontics	50%* (up to \$1,500 lifetime maximum)
Calendar year maximum	\$1,500 per person

*Subject to deductible and annual and lifetime limits.
**Subject to annual and lifetime limits.

Short-Term Disability

As a full-time associate, you are eligible for the voluntary short-term disability plan. You may elect to participate at either 50% or 60% of your weekly benefits base rate compensation. In general, benefits base rate is comprised of base pay + incentive or commission, if applicable. The maximum benefit under this plan is \$2,000 per week. Benefits begin the first of the 1st day of the exhaustion of your sick leave balance. Benefit payments are available for up to 26 weeks.

Our records indicate that you have chosen to participate in the 60% plan. Based on your compensation, your benefit would be \$1,414.97 per week.

Long-Term Disability

As a full-time employee, you are covered by the long-term disability plan. The plan will provide you with 60-70% of your benefits base rate compensation, and this benefit is paid for months by AAA. Benefits begin the first of 26 weeks on the exhaustion of your sick leave balance. Based on your compensation, your benefit would be \$5,396.41 per month.

Life and Accidental Death & Dismemberment

AAA provides basic term insurance in the amount of two times your annual benefits base rate. You may apply for additional coverage in an amount up to three times your annual benefits base rate, subject to evidence of insurability and maximum limitations. Your life insurance benefit is \$123,000.00.

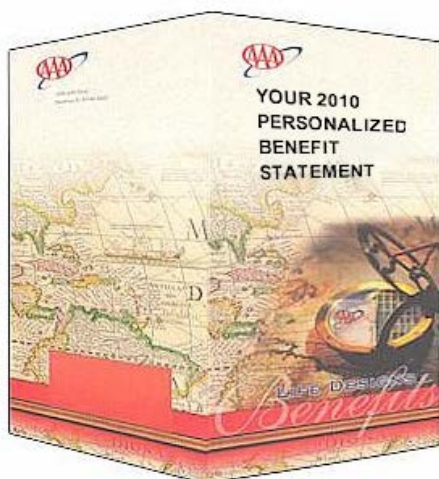
You are provided with accidental death and dismemberment insurance in an amount equal to one times your benefits base rate. You may elect additional coverage of up to four times your annual benefits base rate, subject to maximum limitations. Your accidental death and dismemberment benefit is \$62,000.00.

AAA provides business travel accident insurance for all associates. You are covered at three times your compensation of pay, subject to maximum limitations, of \$60,000, whichever is greater. Your business travel and accident benefit is \$117,127.88.

In addition to life insurance, for you, there is coverage available for your dependents as well. You may insure your spouse for \$10,000 and each of your children for \$5,000.

You have elected COB dependent insurance coverage.

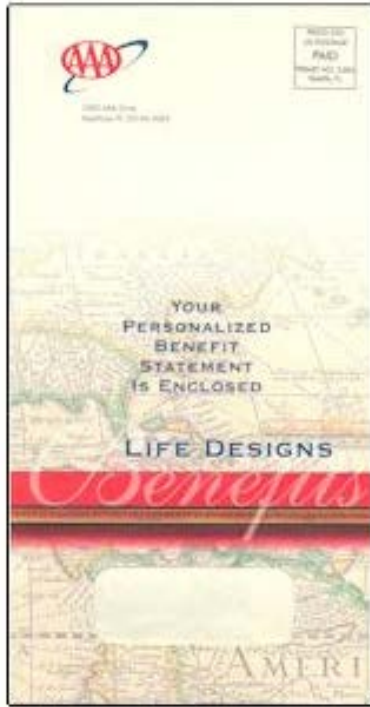
INSIDE



FOLDER OUTSIDE



FOLDER INSIDE



MAILING ENVELOPE