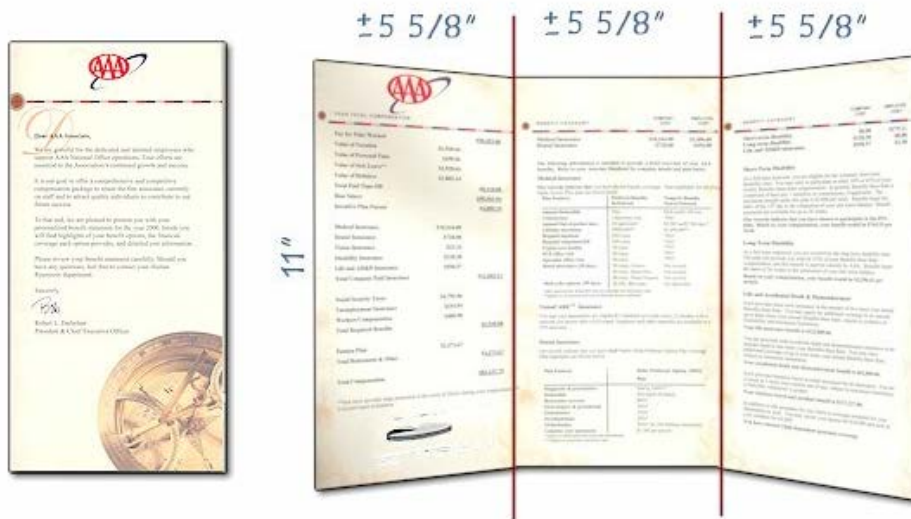


AAA Statement 11"x17" with cover



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. Duerheit
 President & Chief Executive Officer

Harry Hardworker
 17220-111
 074-3A 0000

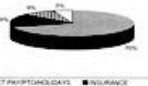
OUTSIDE



YOUR TOTAL COMPENSATION

Pay for Time Worked	\$58,253.56
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	\$5,628.88
Pension Plan	\$3,274.67
Total Retirement & Other	\$3,274.67
Total Compensation	\$82,127.59

YOUR TOTAL COMPENSATION CHART



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	\$1.00	\$275.11
Long-term disability	\$125.35	\$8.00
Life and AD&D Insurance	\$558.57	\$2.00

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: Full \$2.50; \$80 copay	Not covered Not covered 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 \$15 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	Paid at 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 maximum rates.

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 less state 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 business day after the exhaustion of your sick leave balance. Benefit payments are available for up to 26 weeks.

Long-Term Disability

As a full-time employee, you are covered by the long-term disability plan. The plan will provide you with 66 2/3% 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 \$3,141.97 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.

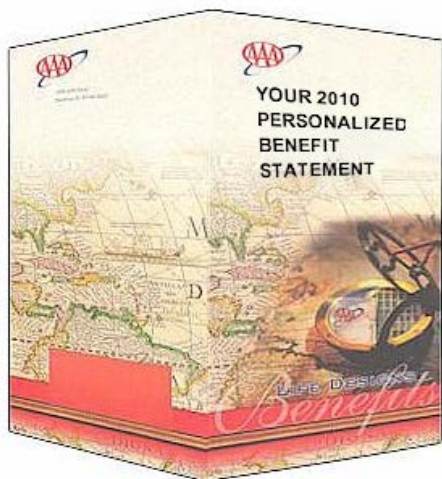
You are provided with accidental death and dismemberment insurance in an amount equal to one times your benefits base rate. You may elect additional coverage of up to four times your annual benefits base rate, subject to maximum limitations. Your accidental death and dismemberment benefit is \$62,000.00.

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.

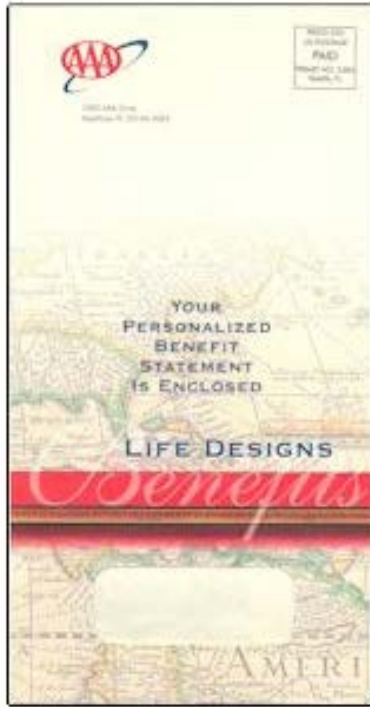
INSIDE



FOLDER OUTSIDE



FOLDER INSIDE



MAILING ENVELOPE