CHAPTER 3

AUTOMOBILE INSURANCE

Authority

N.J.S.A. 17:1C-6(e) and 17:1-8.1.

Source and Effective Date

R.2001 d.44, effective January 4, 2001. See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

Executive Order No. 66(1978) Expiration Date

Chapter 3, Automobile Insurance, expires on January 4, 2006.

Chapter Historical Note

Chapter 3, New Jersey Automobile Insurance Plan, was adopted as R.1972 d.20, effective January 31, 1972. See: 3 N.J.R. 223(d), 4 N.J.R. 49(d).

Subchapter 7, Automobile Reparation Reform Act, was adopted as R.1972 d.244, effective December 4, 1972. See: 4 N.J.R. 270(a), 5 N.J.R. 13(c).

Subchapter 10, Auto Physical Damage Claims, was adopted as R.1976 d.46 and R.1976 d.47, effective May 1, 1976. See: 8 N.J.R. 38(b), 8 N.J.R. 136(b).

Pursuant to Executive Order No. 66(1978), Subchapter 8, Nonrenewal of Automobile Insurance Policies, was readopted as R.1983 d.190, effective June 6, 1983. See: 15 N.J.R. 231(a), 15 N.J.R. 927(a).

Subchapter 12, Automobile Rate Filers: Flattening of Premium Taxes and Assessments Made for the Unsatisfied Claim and Judgment Fund, was adopted as R.1983 d.424, effective October 3, 1983. See: 15 N.J.R. 1170(a), 15 N.J.R. 1666(a).

Subchapter 13, Automobile Rate Filers: Deductibles for Private Passenger Automobile Collision and Comprehensive Coverage, was adopted as R.1983 d.467, effective October 17, 1983. See: 15 N.J.R. 1342(a), 15 N.J.R. 1769(b).

Pursuant to Executive Order No. 66(1978), Subchapter 6, Insurance Identification Card, was readopted as R.1983 d.648, effective December 29, 1983. See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Public Notice: Automobile Insurance Written Notice/Buyer's Guide Coverage Selection Form. See: 16 N.J.R. 254(d).

Subchapter 15, Standards for Written Notice: Buyer's Guide and Coverage Selection Form, was adopted as R.1984 d.114, effective April 2, 1984. See: 15 N.J.R. 2142(a), 16 N.J.R. 733(a).

Subchapter 14, Personal Injury Protection Options, was adopted as R.1984 d.116, effective April 2, 1984. See: 15 N.J.R. 2139(a), 16 N.J.R. 730(b).

The Executive Order No. 66(1978) expiration date of Subchapter 7, Automobile Reparation Reform Act, was extended by gubernatorial directive from August 17, 1984 to November 15, 1984, and was further extended by gubernatorial directive from November 15, 1984 to February 13, 1985. See: 17 N.J.R. 43(a).

Pursuant to Executive Order No. 66(1978), Subchapter 7, Automobile Reparation Reform Act, was readopted as R.1985 d., effective February 13, 1985. See: 17 N.J.R. 43(a), 17 N.J.R. 707(b).

Subchapter 17, Rating Organizations, was adopted as R.1985 d.609, effective October 6, 1985. See: 16 N.J.R. 2936(a), 17 N.J.R. 2905(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1985 d.654, effective January 6, 1986, operative May 6, 1986. See: 16 N.J.R. 3286(a), 17 N.J.R. 89(b).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as R.1986 d.111, effective April 7, 1986. See: 17 N.J.R. 2597(a), 18 N.J.R. 692(a).

Subchapter 17, Rating Organizations, was repealed and Subchapter 17, Rating Organizations, was adopted as new rules by R.1986 d.419, effective October 6, 1986. See: 18 N.J.R. 1171(b), 18 N.J.R. 2045(a).

Subchapter 22, Coverage Option Survey: Personal Injury Protection and Tort Threshold Options, was adopted as R.1986 d.463, effective November 17, 1986. See: 18 N.J.R. 1344(b), 18 N.J.R. 2329(a).

Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, was adopted as R.1987 d.527, effective December 21, 1987. See: 19 N.J.R. 1880(a), 19 N.J.R. 2403(b).

Public Notice: Rescission of Circular Letter #75. See: 19 N.J.R. 570(e).

Subchapter 26, Accident Claims, Subchapter 27, Unsatisfied Claim and Judgment Fund Board, and Subchapter 28, Unsatisfied Claim and Judgment Fund's Reimbursement of Excess Medical Expense Benefits Paid by Insurers, were adopted as R.1989 d.268, effective May 15, 1989. See: 21 N.J.R. 688(a), 21 N.J.R. 1363(a).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was repealed and Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as new rules by R.1989 d.277, effective May 15, 1989. See: 21 N.J.R. 667(b), 21 N.J.R. 1335(a), 21 N.J.R. 1517(b).

Subchapter 24, Policy Constants, and Subchapter 25, Residual Market Equalization Charges (RMECs), were adopted as R.1989 d.278, effective May 15, 1989. See: 20 N.J.R. 3104(a), 21 N.J.R. 1358(b).

Subchapter 20A, Standard Limiting Effect of Negative Excess Investment Income in the Computation of Excess Profits, was adopted as R.1989 d.306, effective June 5, 1989. See: 21 N.J.R. 842(a), 21 N.J.R. 1517(c).

Subchapter 17, Rating Organizations, was repealed by R.1989 d.328, effective June 19, 1989. See: 21 N.J.R. 973(a), 21 N.J.R. 1708(a).

Subchapter 30, Motor Vehicle Self-Insurance, was adopted as R.1989 d.584, effective November 20, 1989. See: 21 N.J.R. 2876(a), 21 N.J.R. 3666(b).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was adopted as R.1990 d.108, effective February 5, 1990. See: 21 N.J.R. 3726(a), 22 N.J.R. 425(a).

Subchapter 18, Private Passenger Automobile Insurance: Rate Filing Review Procedures, was adopted as R.1990 d.109, effective February 5, 1990. See: 21 N.J.R. 3422(b), 22 N.J.R. 421(a).

Subchapter 16, Rate Filing Requirements: Voluntary Market Private Passenger Automobile Insurance, was adopted as R.1990 d.116, effective February 5, 1990. See: 21 N.J.R. 2182(a), 22 N.J.R. 399(a).

Subchapter 1, Provisions and Operations, was repealed and Subchapter 1, Commercial Automobile Insurance Plan, was adopted as new rules by R.1990 d.118, effective February 5, 1990. See: 21 N.J.R. 3613(a), 22 N.J.R. 392(b).

Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, was adopted as R.1990 d.161, effective March 19, 1990. See: 21 N.J.R. 3719(a), 22 N.J.R. 963(a).

Subchapter 34, Eligible Persons Qualifications and Automobile Insurance Eligibility Points Schedule, was adopted as emergency new rules by R.1990 d.620, effective November 26, 1990, operative April 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3847(a). The provisions of R.1990 d.620 were readopted as R.1991 d.93, effective January 25,

1991, operative April 1, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3847(a), 23 N.J.R. 572(a)

Subchapter 36, Automobile Physical Damage Insurance Inspection Procedures, was adopted as emergency new rules by R.1990 d.622, effective November 26, 1990, operative March 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3861(a). The provisions of R.1990 d.622 were readopted as R.1991 d.95, effective January 25, 1991, operative October 1, 1992, with changes effective February 19, 1991. See: 22 N.J.R. 3861(a), 23 N.J.R. 579(a), 23 N.J.R. 1132(c).

Subchapter 38, Towing and Storage Fee Schedule, was adopted as emergency new rules by R.1990 d.623, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3874(a). The provisions of R.1990 d.623 were readopted as R.1991 d.97, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3874(a), 23 N.J.R. 592(a).

Subchapter 29, Medical Fee Schedules: Automobile Insurance Personal Injury Protection Coverage, was adopted as emergency new rules by R.1990 d.624, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3809(a). The provisions of R.1990 d.624 were readopted as R.1991 d.96, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3809(a), 23 N.J.R. 536(a).

Subchapter 37, Order of Benefit Determination Between Automobile Personal Injury Protection and Health Insurance, was adopted as emergency new rules by R.1990 d.625, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3777(a). The provisions of R.1990 d.625 were readopted as R.1991 d.90, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3777(a), 23 N.J.R. 597(a).

Subchapter 35, Private Passenger Automobile Insurance Underwriting Rules, was adopted as emergency new rules by R.1990 d.627, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3856(a). The provisions of R.1990 d.627 were readopted as R.1991 d.94, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3856(a), 23 N.J.R. 577(a).

Subchapter 19, Standard/Non–Standard Rating Plans, was adopted as emergency new rules by R.1990 d.628, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3804(a). The provisions of R.1990 d.628 were readopted as R.1991 d.92, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3804(a), 23 N.J.R. 532(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1991 d.45, effective January 4, 1991, and Subchapters 2 through 5, concerning the Automobile Insurance Plan (AIP), were repealed by R.1991 d.45, effective February 4, 1991. See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Subchapter 24, Policy Constants, was repealed by R.1991 d.216, effective April 15, 1991. See: 22 N.J.R. 3441(a), 23 N.J.R. 1132(a).

Subchapter 25, Residual Market Equalization Charges (RMECs), was repealed by R.1991 d.217, effective April 15, 1991. See: 22 N.J.R. 3442(a), 23 N.J.R. 1132(b).

Subchapter 39, Reductions in Premium Charges for Private Passenger Automobiles Equipped with Anti-Theft, Vehicle Recovery and Safety Features, was adopted as R.1991 d.363, effective July 15, 1991, operative September 1, 1991. See: 23 N.J.R. 384(a), 23 N.J.R. 2144(a).

Subchapter 33, Appeals from Denial of Automobile Insurance, was adopted as R.1992 d.192, effective April 30, 1992. See: 24 N.J.R. 546(a), 24 N.J.R. 1510(a).

Subchapter 40, Insurers Required to Provide Automobile Insurance Coverage to Eligible Persons, was adopted as R.1992 d.207, effective May 4, 1992. See: 23 N.J.R. 3736(a), 24 N.J.R. 336(a), 24 N.J.R. 1796(b).

Subchapter 2, New Jersey Personal Automobile Insurance Plan, was adopted as new rules by R.1992 d.370, effective September 21, 1992. See: 24 N.J.R. 331(a), 24 N.J.R. 3400(a).

Subchapter 3, Limited Assignment Distribution Servicing Carriers, was adopted as new rules by R.1992 d.371, effective September 21, 1992. See: 24 N.J.R. 519(a), 24 N.J.R. 3414(a).

Subchapter 42, Producer Assignment Program, was adopted as emergency new rules by R.1992 d.381, effective September 4, 1992, to expire November 3, 1992. See: 24 N.J.R. 3421(a). The provisions of R.1992 d.381 were readopted as R.1992 d.482, effective November 2, 1992, with changes effective December 7, 1992. See: 24 N.J.R. 3421(a), 24 N.J.R. 4397(a).

Subchapter 44, Special Rules for Effecting Coverage for Private Passenger Automobile Insurance, was adopted as emergency new rules by R.1993 d.135, effective March 1, 1993, operative March 8, 1993, to expire April 30, 1993. See: 25 N.J.R. 1290(a). The provisions of R.1993 d.135 were readopted as R.1993 d.238, effective April 30, 1993. See: 25 N.J.R. 1290(a), 25 N.J.R. 2479(a).

Subchapter 2B, Market Transition Facility of New Jersey Suspension of Claims, was adopted as emergency new rules by R.1994 d.164, effective March 1, 1994, to expire April 30, 1994. See: 26 N.J.R. 1393(a). The provisions of R.1994 d.164 were readopted as R.1994 d.261, effective April 29, 1994. See: 26 N.J.R. 1393(a), 26 N.J.R. 2288(a).

Subchapter 32, Certification of Compliance: Mandatory Liability Coverages, was adopted as R.1994 d.477, effective September 19, 1994. See: 26 N.J.R. 1939(a), 26 N.J.R. 3866(a).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was repealed by R.1995 d.171, effective March 20, 1995. See: 27 N.J.R. 41(a), 27 N.J.R. 1190(b).

Subchapter 45, Insurers Required to Provide Survey Information, was adopted as R.1995 d.235, effective May 1, 1995. See: 27 N.J.R. 289(a), 27 N.J.R. 1803(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1996 d.58, effective January 4, 1996, and Subchapter 2A, New Jersey Automobile Full Insurance Underwriting Association Claims Payment Deferral, Subchapter 3, Limited Assignment Distribution Servicing Carriers, and Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, were repealed by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Subchapter 20A, Standard Limited Effect of Negative Excess Investment Income in the Computation of Excess Profits, was repealed by R.1996 d.312, effective July 15, 1996. See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Subchapter 25, Private Passenger Automobile Insurance: Notification by Treating Health Care Providers, was adopted as new rules by R.1997 d.14, effective January 6, 1997. See: 28 N.J.R. 3876(a), 29 N.J.R. 132(a).

Subchapter 24, Defensive Driving Rate Reductions, was adopted as new rules by R.1997 d.522, effective December 15, 1997. See: 28 N.J.R. 4854(a), 29 N.J.R. 5305(a).

Subchapter 28A, Unsatisfied Claim and Judgment Fund Assessments, was adopted as R.1997 d.535, effective December 15, 1997. See: 29 N.J.R. 4246(a), 29 N.J.R. 5309(a).

Subchapter 19A, Tier Rating Plans and Underwriting Rules, was adopted as R.1998 d.129, effective March 2, 1998. See: 29 N.J.R. 5253(a), 30 N.J.R. 839(a).

Subchapter 46, Automobile Insurance Urban Enterprise Zone Program, was adopted as R.1998 d.290, effective June 1, 1998. See: 30 N.J.R. 773(a), 30 N.J.R. 2010(a).

Subchapter 3, Basic Automobile Insurance Policy, was adopted as new rules by R.1998 d.592, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3209(a), 30 N.J.R. 4398(a).

Subchapter 5, Personal Injury Protection Dispute Resolution, was adopted as new rules by R.1998 d.593, effective December 21, 1998. See: 30 N.J.R. 3359(a), 30 N.J.R. 4437(a).

Subchapter 4, Personal Injury Protection Benefits; Medical Protocols; Diagnostic Tests, was adopted as new rules by R.1998 d.597, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3211(a), 30 N.J.R. 3748(a), 30 N.J.R. 4401(a).

Subchapter 38, Towing and Storage Fee Schedule, was repealed by R.1999 d.1, effective January 4, 1999. See: 30 N.J.R. 2813(a), 31 N.J.R. 54(c).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.2001 d.44, effective January 4, 2001, and Subchapter 2B, Market Transition Facility of New Jersey Payment Prioritization and Claims Payment Deferral, Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, Subchapter 19, Standard/Nonstandard Rating Plans, and Subchapter 42, Producer Assignment Program, were repealed by R.2001 d.44, effective February 5, 2001. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. COMMERCIAL AUTOMOBILE INSURANCE PLAN

11:3-1.1 Purpose and scope

- (a) The purpose of this subchapter is to establish a plan pursuant to N.J.S.A. 17:29D-1:
 - 1. To provide the coverages described herein, subject to the conditions stated, for motor vehicles other than those vehicles subject to the New Jersey Personal Automobile Insurance Plan and any other private passenger vehicle that is owned by or driven by a person who meets the definition of an eligible person pursuant to N.J.S.A. 17:33B-13 and N.J.A.C. 11:3-34;
 - 2. To provide for the apportionment of insurance coverage for qualified applicants who are in good faith entitled to but are unable to procure the same, through the voluntary market; and
 - 3. To establish a procedure for the sharing of premiums, losses, and expenses among all insurers who are participants in New Jersey as defined within this subchapter for all risks qualified for coverage under the provisions of this subchapter.

Amended by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1996 d.502, effective October 21, 1996.

See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

Amended by R.2003 d.415, effective October 20, 2003.

See: 35 N.J.R. 2391(a), 35 N.J.R. 4900(a).

11:3–1.1 DEPT. OF INSURANCE

In (a), inserted "other" preceding "private passenger vehicle" in 1, substituted "qualified" for "eligible" preceding "applicants" in 2 and substituted "qualified" for "eligible" preceding "for coverage" in 3.

11:3-1.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"CAIP" or "Plan" means the Commercial Automobile Insurance Plan pursuant to this subchapter.

"CAIP manager" means the entity employed by the Governing Committee to manage and conduct the administrative affairs of the CAIP on a daily basis.

"Commissioner" means the Commissioner of the New Jersey Department of Banking and Insurance.

"Emergency type vehicle" means any land vehicle, used to respond to distress calls, fires, or rescue, propelled by other than muscular power and not run upon rails or tracks. This term includes, but is not limited to, fire trucks, rescue trucks, police cars and ambulances.

"Gross participation" means a participant's Voluntary All Other Automobile Direct Written Premiums derived from information contained in the annual statement times a fraction, the numerator of which is the sum of the plan's total written premiums for that year and the Statewide total Voluntary All Other Automobile Direct Written Premiums which are eligible for depopulation credit for that policy year, and the denominator of which is the Statewide total Voluntary All Other Automobile Net Direct Written Premiums of all participants for that second prior year.

"Light truck" means a vehicle with a gross vehicle weight (G.V.W.) of 10,000 pounds or less.

"Motor vehicle" means any land vehicle propelled otherwise than by muscular power including trailers and semi-trailers, except such vehicles that run only upon rails or tracks.

"Net participation" means a participant's gross participation for that policy year less its business eligible for depopulation credit for that policy year.

"Net participation percentage" means a participant's net participation for that policy year in proportion to the comparable Statewide total net participation for all participants.

"Operating headquarters" means the chief place of business where the principal officers generally transact business, and the place to which reports are made and from which orders emanate. It is the location where the executive offices are, corporate decisions are made and corporate functions are performed.

"Participant" means an insurer licensed and authorized to write motor vehicle liability or physical damage insurance and specifically includes any insurer who writes all other automobile liability and all other automobile physical damage insurance.

"Personal injury protection" means those benefits as set forth at N.J.S.A. 39:6A-4.

"Policy year" means the exposure and premiums for all policies written during a calendar year and all losses attributable to policies written during the same calendar year.

"Private passenger automobile" means a vehicle that meets the definition in N.J.S.A. 39:6A–2a, that is not eligible for coverage through any voluntary or residual market mechanism created by statute, and is owned by an individual or husband and wife; or owned jointly by two or more relatives other than husband and wife; or owned jointly by two or more resident individuals; or owned by a corporation, partnership or unincorporated association, governmental agency, or registered to a professional designation (that is, T/A, PA or P.C.) where such automobiles are furnished to individuals and are not used for business purposes.

"Private passenger type automobile" means a vehicle that meets the definition in N.J.S.A. 39:6A-2a and is owned by a corporation, partnership or any other entity except an individual or husband and wife and used for business purposes.

"Qualified applicant" means the owner or registrant of a motor vehicle registered in New Jersey or to be registered within 60 days who is unable to obtain automobile insurance in New Jersey in the voluntary market and is not in good faith qualified for automobile insurance coverage in any residual market mechanism created by statute other than the CAIP. For multi-state operations, the applicant must have its operating headquarters in New Jersey but vehicles may be registered in other states. No applicant shall be deemed qualified if the principal operator of the vehicle to be insured does not hold a driver's license which is valid in New Jersey, or if a regular operator of the vehicle other than the principal operator does not hold such a license.

"Voluntary All Other Automobile Direct Written Premiums" means automobile liability, personal injury protection, and physical damage premiums written by a participant on New Jersey risks, minus:

- 1. CAIP direct written premiums included in the figures which the participant wrote as a service carrier for CAIP;
- 2. Any direct written premiums included in the figures from insureds who are qualified applicants for any residual market mechanism created by statute other than the CAIP;
- 3. Any reinsurance premiums assumed from other insurers included in the figures;
- 4. Any premiums for Death and Disability coverage included in the figures;

- 5. Private passenger nonfleet automobile bodily injury and property damage liability, medical payments, basic and additional personal injury protection, and uninsured and underinsured motorists voluntary premium;
- 6. Miscellaneous nonfleet specialty personal automobile bodily injury and property damage liability voluntary premiums for any class approved by the Department as specified in the plan of operation; and
- 7. Taxi bodily injury, property damage liability, uninsured and underinsured motorists and physical damage premiums.

Amended by R.1991 d.45, effective February 4, 1991. See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Deleted definition of NJAFIUA and references to it; added text to definitions for "Private passenger automobile" and "Voluntary All Other Automobile Direct Written Premiums."

Amended by R.1996 d.502, effective October 21, 1996.

See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

Inserted "Personal injury protection".

Amended by R.2003 d.415, effective October 20, 2003.

See: 35 N.J.R. 2391(a), 35 N.J.R. 4900(a).

- (f) A premium credit calculated and represented as a percentage of the applicable premium shall be provided for the exclusion. The premium percentage shall be uniform by filer on a statewide basis.
- (g) The buyer's guide and written notice specified in N.J.S.A. 39:6A-23 shall satisfy the requirements of this subchapter.
- (h) Should an applicant or named insured fail to elect the exclusion, full personal injury protection coverage pursuant to N.J.S.A. 39:6A-4 shall be deemed to have been selected and an appropriate premium shall be charged.
- (i) The exclusion elected by a named insured shall continue in force as to subsequent renewal or replacement policies until the insurer or its authorized representative receives a properly executed written request for its elimination.

As amended, R.1984 d.480, eff. November 5, 1984.

See: 16 N.J.R. 1692(a), 16 N.J.R. 3037(b).

(c): added "household, who is ... insurance policy".

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

In (a) and (h), inserted N.J.S.A. references; and in (c), inserted "under that policy" following "provided".

11:3-14.5 Option to choose health care insurance coverage as primary coverage

- (a) Pursuant to N.J.S.A. 39:6A–4.3, for policies issued or renewed on or after January 1, 1991, an insurer shall provide the option that other health insurance coverage or benefits of the insured, including health care services provided by a health maintenance organization and any coverage or benefits provided under any Federal or State program, are the primary coverage for medical expense benefits for personal injury protection coverage; provided, however, that this option shall not apply to any coverage or benefits provided pursuant to Medicare or Medicaid.
- (b) The Coverage Selection Form (see N.J.A.C. 11:3–15.7) shall require insureds or prospective insureds to identify the health insurer(s) providing primary personal injury protection medical expense benefits. This identification shall fulfill the requirement in N.J.S.A. 39:6A–4.3 that named insureds provide proof that they and members of their family residing in the household are covered by health insurance coverage or benefits.

As amended, R.1984 d.480, eff. November 5, 1984.

See: 16 N.J.R. 1692(a), 16 N.J.R. 3037(b).

(b): added "who is not ... insurance policy".

Repealed by R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

This section was "Setoff option entitling an automobile insurer paying PIP medical expense benefits to reimbursement under certain conditions".

New Rule, R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

11:3-14.6 Refund or credit of unearned premium

Every automobile insurer offering personal injury protection coverage shall establish a fair, practicable and non-discriminatory plan for the refund or application of credit of any unearned premium resulting from the selection of any deductible and/or exclusion option pursuant to this subchapter.

Amended by R.1989 d.117, effective February 21, 1989. See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b). Deleted "setoff".

11:3–14.7 Filing requirements

- (a) Every automobile filer shall submit to the Commissioner for approval filings of rates or manual rules which provide the optional medical expense benefit deductibles for personal injury protection coverage.
- (b) Within 30 days of the effective date of this subchapter, every automobile filer shall submit to the Commissioner for approval filings of rates or manual rules which provide the optional exclusion from personal injury protection coverage of income continuation benefits, essential service benefits, death benefits, and funeral expense benefits.
- (c) All filings submitted for approval pursuant to this subchapter, and all changes and amendments thereto, shall be prepared in accordance with insurance laws and regulations, including the applicable provisions of N.J.S.A. 17:29A-1 et seq. and N.J.A.C. 11:1-2 and the Department's existing filing procedures.
- (d) The filing of a rating organization shall be applicable to the members and subscribers of the organization who have authorized the organization to file on their behalf.

Amended by R.1989 d.117, effective February 21, 1989. See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b). Repealed (c) and recodified (d)-(e) as (c)-(d).

11:3-14.8 Application of the option to choose health care insurance coverage as the primary insurer

When an insured or prospective insured elects to have a health insurer provide primary personal injury protection medical expenses benefits, the medical expenses benefits available to the insured under his or her automobile policy's personal injury protection provisions shall become a secondary benefits provider. The order of benefit determination shall be in accordance with N.J.A.C. 11:3–37.

Emergency New Rule, R.1990 d.625, effective November 26, 1990 (expires January 25, 1991).

See: 22 N.J.R. 3777(a).

Adopted Concurrent Proposal, R.1991 d.90, effective January 25, 1991. See: 23 N.J.R. 3777(a), 23 N.J.R. 697(a).

Provisions of emergency new rule R.1990 d.625 readopted without change.

SUBCHAPTER 15. STANDARDS FOR WRITTEN NOTICE: BUYER'S GUIDE AND COVERAGE SELECTION FORM

11:3-15.1 Purpose

- (a) N.J.S.A. 39:6A–23 requires the Commissioner of the Department of Banking and Insurance to promulgate standards for the written notice to be provided to applicants for automobile insurance and to policyholders offered renewal of coverage. This written notice includes a Buyer's Guide and one of two versions of the Coverage Selection Form. This subchapter implements this statutory requirement and establishes the necessary minimum standards insurers shall use in giving notice of available coverages, options and rate credits.
- (b) The purpose of the Buyer's Guide and Coverage Selection Form is to help consumers understand the choices they will make. The Buyer's Guide and Coverage Selection Form shall be presented in an attractive format and plain language describing the choices in general, in order to encourage consumers to read the documents and to make informed choices about the auto insurance coverages and options available to them.

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Old text was repealed.

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Amended to delete references to the NJAFIUA and to substitute therefor a general reference to residual market mechanisms created by New Jersey statute consistent with "The Fair Automobile Insurance Reform Act of 1990", P.L. 1980 c.8.

Amended by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

In (a), substituted "offered" for "seeking" following "policyholders" in the first sentence, and substituted "one of the two versions of the Coverage Selection Form" for "a Coverage Selection Form as required by N.J.S.A. 39:6A-23" at the end of the second sentence; and in (b), substituted references to the Buyer's Guide and Coverage Selection Form for references to standards.

11:3-15.2 Scope

This subchapter applies to every insurer authorized to transact the business of private passenger automobile insurance in this State and to any automobile residual market mechanism created by any New Jersey statute.

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Old text was repealed.

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Amended to delete references to the NJAFIUA and to substitute therefor a general reference to residual market mechanisms created by New Jersey statute consistent with "The Fair Automobile Insurance Reform Act of 1990", P.L. 1980 c.8.

Amended by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Substituted a reference to insurers for a reference to insurance companies, and inserted "automobile" preceding "residual".

11:3–15.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Basic automobile insurance policy" or "basic policy" means those private passenger automobile insurance policies issued in accordance with N.J.S.A. 39:6A–3.1 and N.J.A.C. 11:3–3.

"Commissioner" means the Commissioner of the Department of Banking and Insurance.

"Department" means the Department of Banking and Insurance of the State of New Jersey.

"Insurer" means any person, corporation, association, partnership, company, reciprocal exchange and any other legal entity issuing a contract of private passenger automobile insurance, including any residual market mechanism established pursuant to any New Jersey statute. As appropriate, "insurer" shall also mean a servicing carrier for a residual market mechanism.

"Standard automobile insurance policy" or "standard policy" means a private passenger automobile insurance policy issued in accordance with N.J.S.A. 39:6A–3 that includes the personal injury protection coverage described in N.J.S.A. 39:6A–4.

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Repealed old rule, "effective date."

Amended by R.1989 d.624, effective December 18, 1989 (operative January 1, 1990).

See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a).

NJAFIUA added to definition of "insurance company".

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Changed definition of "Insurance Company" for consistency with "The Fair Automobile Insurance Reform Act of 1990", P.L. 1990 c.8. Amended by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Rewrote the section.

Case Notes

Insured was not entitled to underinsured motorist benefits; insurance carried by two vehicles which struck his was greater than the amount of uninsured coverage which he could have obtained. Pinto v. Garretson, 237 N.J.Super. 444, 568 A.2d 119 (A.D.1989).

Insurer and agent were not liable in allegedly failing to inform insured about higher levels of underinsured motorist coverage. Pinto v. Garretson, 237 N.J.Super. 444, 568 A.2d 119 (A.D.1989).

11:3-15.4 Compliance

- (a) No new private passenger automobile insurance policy or renewal shall be issued on or after March 22, 1999 unless the application for the policy or renewal notice is accompanied by a Buyer's Guide and a Coverage Selection Form that meet the minimum standards prescribed in this subchapter.
 - 1. The notice of renewal shall include the appropriate Coverage Selection Form for the policy being renewed.
- (b) The Buyer's Guide and Coverage Selection Form incorporate and therefore satisfy any and all other notice requirements previously set forth for the coverage options required by the New Jersey Automobile Reparation Reform Act, the New Jersey Automobile Insurance Reform Act of 1982, the New Jersey Automobile Insurance Freedom of Choice and Cost Containment Act of 1984 and the Automobile Insurance Cost Reduction Act of 1998.
- (c) By February 4, 1999, each insurer shall file its Buyer's Guide and Coverage Selection Forms with the Department's Insurance Claims Ombudsman. The filing shall include a sample copy of the Buyer's Guide, both Coverage Selection Forms, the supporting information on how the Lawsuit Option rate differentials were calculated as required by N.J.A.C. 11:3–15.6(g)4 and a letter listing all alterations and additions, if any, made from the text found in Appendix, Exhibits 1, 2 and 3.
 - 1. The filing shall be deemed approved if not affirmatively approved or disapproved within 30 days of filing.
- (d) An insurer may make changes in its Buyer's Guide or Coverage Selection Form by filing a copy with the Department's Insurance Claims Ombudsman. The bottom of the last page shall clearly indicate the month and year in which the changes were implemented. The filing shall be deemed approved if not affirmatively approved or disapproved within 30 days of filing.

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Repealed "General context of written notice".

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1998 d.595, effective December 21, 1998 (operative

March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Rewrote the section.

Case Notes

Insurance agent had no obligation to contact insureds to provide explanation of notice provided by insurance carrier. Bruce v. James P. MacLean Firm, 238 N.J.Super. 501, 570 A.2d 49 (L.1989), affirmed 238 N.J.Super. 408, 570 A.2d 1.

"Notice of coverage" provisions imposed duty on carrier to prove only that it mass mailed requisite materials concerning optional coverage to its insureds. Bruce v. James P. MacLean Firm, 238 N.J.Super. 501, 570 A.2d 49 (L.1989), affirmed 238 N.J.Super. 408, 570 A.2d 1.

11:3-15.5 Minimum standards for New Jersey Auto Insurance Buyer's Guide

- (a) Each insurer shall produce a Buyer's Guide using the text provided in the Appendix, Exhibit 1 incorporated herein by reference. Insurers may add information to the Buyer's Guide provided that the information is consistent with the purpose of this subchapter.
 - 1. The text of the Buyer's Guide may be formatted in any way that produces an easily readable document and may include different colors and graphics. Text in uppercase letters denote section headings, defined terms or is for emphasis. Insurers are not restricted to uppercase for these purposes in formatting the Buyer's Guide.
 - 2. The Buyer's Guide shall be printed in at least 10-point type on paper of a quality sufficient to assure that the printing does not bleed from one side to the other.
 - 3. Text in Appendix, Exhibit 1 in italics, *thus*, contains instructions or options for the insurer and should not be printed in the Buyer's Guide.
- (b) The Buyer's Guide shall be entitled in large type: "New Jersey Auto Insurance Buyer's Guide." An insurer may include its name and/or company logo.
- (c) The Buyer's Guide shall contain a statement advising the insured or applicant that additional information concerning coverages or premiums is available by contacting the insurer or the producer. Insurers that write at least two percent of the New Jersey private passenger automobile market shall provide a toll-free telephone number for this purpose.
- (d) As required by N.J.S.A. 17:29E-11, the Buyer's Guide shall contain a notice describing the functions of the Insurance Claims Ombudsman, the mailing address of the Ombudsman and a toll-free information telephone number. The Commissioner shall prescribe the contents of the notice by Order.

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Repealed "General content of buyer's guide".

Amended by R.1989 d.624, effective December 18, 1989 (operative January 1, 1990).

See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a).

(c) deleted.

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Amended to clarify when a Buyer's Guide and Coverage Selection Form are required to be received by the public, and, for convenience to the reader, to reference the rules concerning the use of the Coverage Selection Form (see section 13 of the "Fair Automobile Insurance Reform Act of 1990").

Repeal and New Rule, R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Section was "Content of written notice; receipt by public".

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Case Notes

Insured could not have jury trial in reformation action for agent's failure to inform insured of available underinsured motorist coverage. Weinisch v. Sawyer, 123 N.J. 333, 587 A.2d 615 (1991).

Direct writing insurer was not responsible for insured's inadequate underinsured motorist (UIM) coverage. Andriani v. New Jersey Mfrs. Ins. Co., 245 N.J.Super. 252, 584 A.2d 875 (A.D.1991), certification denied 126 N.J. 327, 598 A.2d 886.

Client-initiated contacts with insurance brokers can result in broker's duty to exercise skill and possess knowledge concerning coverages. Avery v. Arthur E. Armitage Agency, 242 N.J.Super. 293, 576 A.2d 907 (A.D.1990).

Insurer's buyer's guide and coverage selection form complied with regulations. Avery v. Arthur E. Armitage Agency, 242 N.J.Super. 293, 576 A.2d 907 (A.D.1990).

Insurer that was already voluntarily offering underinsured motorist coverage prior to January 1, 1984 did not have adjustment period until July 1, 1984. Sikking v. Nelson, 242 N.J.Super. 185, 576 A.2d 311 (A.D.1990).

"Notice of coverage" provisions required carrier to prove only that it mass mailed requisite materials. Bruce v. James P. MacLean Firm, 238 N.J.Super. 501, 570 A.2d 49 (L.1989), affirmed 238 N.J.Super. 408, 570 A.2d 1.

Insured was not entitled to underinsured motorist benefits; insurance carried by two vehicles which struck his was greater than the amount of uninsured coverage which he could have obtained. Pinto v. Garretson, 237 N.J.Super. 444, 568 A.2d 119 (A.D.1989).

Insurer and agent were not liable in allegedly failing to inform insured about higher levels of underinsured motorist coverage. Pinto v. Garretson, 237 N.J.Super. 444, 568 A.2d 119 (A.D.1989).

Whether insured was contributorily negligent was for jury. Weinisch v. Sawyer, 237 N.J.Super. 195, 567 A.2d 259 (A.D.1989), certification granted 121 N.J. 658, 583 A.2d 345, reversed 123 N.J. 333, 587 A.2d 615.

11:3-15.6 Minimum standards for Coverage Selection Forms

- (a) Each insurer shall have a separate Coverage Selection Form for the Standard Policy and for the Basic Policy using the text found in the Appendix, Exhibits 2 and 3 incorporated herein by reference.
- (b) The Coverage Selection Forms shall contain a statement advising the insured or applicant that additional information concerning coverages or premiums is available by contacting the insurer or the producer. Insurers that write at least two percent of the New Jersey private passenger automobile market shall provide a toll-free telephone number for this purpose.
- (c) Except as otherwise provided in the text, each Coverage Selection Form shall be printed in at least 10-point type on a paper size that is easily readable.
- (d) In addition to the required text, each Coverage Selection Form shall include space at the top for the consumer's name and any other necessary information such as policy number, etc. The bottom of each Coverage Selection Form shall have space for the consumer's signature and date.

- 1. Text in the Appendix, Exhibits 2 and 3 in italics, thus, is instructions or options for the insurer and should not be printed in the Coverage Selection Form.
- 2. Text in uppercase letters denotes section headings, defined terms or is for emphasis. Insurers are not restricted to uppercase for these purposes in formatting the Coverage Selection Forms.
- (e) An insurer may expand the form to solicit additional relevant information, including, but not limited to, the names of resident relatives eligible for PIP benefits.
- (f) Each Coverage Selection Form shall include the range of premium rate differences as indicated by the text in the Exhibits. Each insurer shall determine the range of premium rate differences for use in these sections. Premium rate differences for the Lawsuit Options in the Standard Policy Coverage Selection Form, Appendix, Exhibit 2 shall be calculated according to (g) below. When the range of premium rate differences on a Coverage Selection Form changes for any reason, including, but not limited to, rate changes, a new Coverage Selection Form with the current numbers shall be printed and used.
- (g) Each insurer shall calculate the percentage and dollar change in premium (or rate) from the selection of the No Limitation on Lawsuit Option in accordance with (g)1 through 4 below. In these calculations, premium (or rate) shall include any expense fee.
 - 1. The Percentage Change Calculation: The range of percentage increase in the bodily injury liability premium arising from the selection of the No Limitation on Lawsuit Option shall be calculated as follows:
 - i. The low end of the percentage range shall be produced by calculating the percentage increase in the bodily injury liability premium of a policy with a \$250,000/\$500,000 split limit or a \$500,000 single limit for a change from the Limitation on Lawsuit Option to the No Limitation on Lawsuit Option. This calculation shall be made for the territory with the lowest basic limit Limitation on Lawsuit Option rate, and shall assume standard tier, pleasure usage by an age 30–64, married male principal operator.
 - ii. The high end of the percentage range shall be produced by making the same type of calculation using a policy with minimum limits for the territory with the highest basic limit Limitation on Lawsuit Option rate, and shall assume business usage by a standard-tier, 22 year old, unmarried male principal operator.
 - 2. The Dollar Change Calculation: The range of dollar increase in the bodily injury liability premium arising from the selection of the No Limitation on Lawsuit Option shall be determined by subtracting the Limitation on Lawsuit Option rate from the comparable No Limitation on Lawsuit Option rate for the following two rating examples:

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i. The low end of the dollar range shall be a policy with minimum limits for the territory with the lowest basic limit Limitation on Lawsuit Option rate, and shall assume standard tier, pleasure usage by an age 30–64, married male principal operator.

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- ii. The high end of the dollar range shall be calculated at a \$250,000/\$500,000 split limit or a \$500,000 single limit policy for the territory with the highest basic limit Limitation on Lawsuit Threshold Option, and shall assume business usage by a standard tier, 22 year old, unmarried male principal operator.
- iii. Because the range of the possible additional dollar cost will depend upon territory, bodily injury liability loss limits, and other factors, insurers shall be permitted to use round numbers to represent the approximate range of the cost increase. For example, if the smallest dollar rate increase was \$54.00 and the largest \$305.00, the insurer may use the range \$50.00 to \$310.00 on its Coverage Selection Form.

3. Premium Basis for Single Limit Liability Coverage:

- i. For single limit liability coverage, the percentage range calculation that is described in (g)1 above shall be based upon the applicable liability rate. This calculation shall be made on the basis of a combined rate containing a charge for bodily injury liability, and property damage liability.
- ii. For single limit liability coverage, the dollar range calculation that is described in (g)2 above shall be based upon the applicable liability rate. In contrast to the procedure in (g)3i above, the dollar change calculation shall be made on the basis of a complete rate containing a charge for bodily injury liability, personal injury protection (PIP), and property damage liability.

4. Insurers shall prepare:

- i. An example showing the calculation of the high and low values for the percentage and dollar change ranges;
- ii. Data about the insurer's territorial rates to confirm that the highest and lowest basic limit Limitation on Lawsuit Option rates have been used in the example. A rating page showing a list of Standard tier, basic limit rates by territory shall be sufficient;
- iii. Data about the insurer's increased limits liability rating, vehicle usage, and type of driver factors to confirm that the proper relativities have been used in the example. The appropriate rating pages shall be sufficient; and
- iv. For those insurers offering only single limit liability coverage, an explanation of the procedure used to develop the bodily injury liability rate from which the percentage and dollar change amounts have been determined. This explanation shall include an example of the calculation methodology.

As amended, R.1984 d.479, eff. November 5, 1984.

See: 16 N.J.R. 1693(a), 16 N.J.R. 3038(a).

(a)3: added "as amended by P.L. 1984 c.40".

New Rule, R.1989 d.117, effective February 21, 1989. See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Repealed "Specific coverages and options to be included in written notice and buyer's guide".

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1990).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Subsection (n) of this section is amended to delete in its entirety the text of the Buyer's Guide and to substitute new text therefor. The new text is written in plain language pursuant to the requirement of section 13 of the "Fair Automobile Insurance Reform Act of 1990" and incorporated several changes required to be made in the Coverage Selection Form by the Act; also amended to delete the provision that the Department, upon request from an insurer, will prepare a coverage-ready final page of the Buyer's Guide.

R.1992 d.218, effective May 18, 1992.

See: 24 N.J.R. 523(a), 24 N.J.R. 1898(b).

In (c), "Insurance companies... shall delete those sections" was "may delete...". Added new (n), regarding additional medical benefits, and redesignated existing (n) as (o), with extensive revisions to Buyer's Guide. Redesignated existing (o) through (r) as (p) through (s). Amended by R.1996, d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

In (e) provided for supplies of the current Buyer's Guide, in (g) deleted "by glue or staples" following "bound", and in (o) rewrote the Buyer's Guide.

Repeal and New Rule, R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Section was "Minimum Standards for New Jersey Auto Insurance Buyer's Guide".

Case Notes

Whether tort-feasor's vehicle is underinsured is not determined relative to injured person's damages or relative to judgment or judgments against tort-feasor, but rather relative to limits of coverage purchased by or for injured person. Calabrese v. Selective Ins. Co. of America, 297 N.J.Super. 423, 688 A.2d 606 (A.D.1997).

Driver who owned no automobile and was injured in cohabitant's car was entitled to underinsured motorist benefits. Market Transition Facility of New Jersey By and Through Amgro Ins. Co. v. Parisi-Lusardi, 293 N.J.Super.471, 681 A.2d 660 (A.D.1996).

Motorcyclist's tort claim for personal injuries sustained when his motorcycle collided with automobile subject to verbal threshold; he chose that option for liability policy covering only his personally owned automobile and not his motorcycle, even though he was not eligible for personal injury protection benefits under that policy. Koff v. Carrubba, 290 N.J.Super. 544, 676 A.2d 184 (A.D.1996).

Insured who was injured by uninsured motorist and underinsured motorist was entitled to recover no more than \$75,000 as maximum limit of liability per accident; not entitled to recover maximum uninsured benefits and maximum underinsured benefits; overruling *Coniglario v. Hanover Ins. Co.*, 233 N.J.Super. 627, 559 A.2d 875. Hesser v. Harleysville–Garden State Ins. Co., 287 N.J.Super. 47, 670 A.2d 123 (A.D.1996).

The Automobile Reparation Reform Act limits on recovery from tort-feasor. Roig v. Kelsey, 135 N.J. 500, 641 A.2d 248 (1994).

No regulation prevents insurer from providing greater underinsured motorist coverage to insured than is provided under insured' personal insurance. French v. New Jersey School Bd. Ass'n Ins. Group, 149 N.J. 478, 694 A.2d 1008 (N.J. 1997).

Motorist could reasonably and objectively expect to be buying protection up to declared legal limits. Clegg v. New Jersey Auto. Full Underwriting Ass'n By and Through Cigna Ins. Co., 254 N.J.Super. 634, 604 A.2d 179 (A.D.1992).

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There was common-law duty on part of insurance carriers or their agents to advise insureds concerning possible need for higher policy limits upon policy renewal. Wang v. Allstate Ins. Co., 125 N.J. 2, 592 A.2d 527 (1991).

Insured could not have jury trial in reformation action for agent's failure to inform insured of available underinsured motorist coverage. Weinisch v. Sawyer, 123 N.J. 333, 587 A.2d 615 (1991).

Direct writing insurer was not responsible for insured's inadequate underinsured motorist (UIM) coverage. Andriani v. New Jersey Mfrs. Ins. Co., 245 N.J.Super. 252, 584 A.2d 875 (A.D.1991), certification denied 126 N.J. 327, 598 A.2d 886.

Client-initiated contacts with insurance brokers can result in broker's duty to exercise skill and possess knowledge concerning coverages. Avery v. Arthur E. Armitage Agency, 242 N.J.Super. 293, 576 A.2d 907 (A.D.1990).

Insurer's buyer's guide and coverage selection form complied with regulations. Avery v. Arthur E. Armitage Agency, 242 N.J.Super. 293, 576 A.2d 907 (A.D.1990).

Automobile insurer that was already voluntarily offering underinsured motorist coverage prior to January 1, 1984 did not have adjustment period until July 1, 1984. Sikking v. Nelson, 242 N.J.Super. 185, 576 A.2d 311 (A.D.1990).

"Notice of coverage" provisions required carrier to prove only that it mass mailed requisite materials. Bruce v. James P. MacLean Firm, 238 N.J.Super. 501, 570 A.2d 49 (L.1989), affirmed 238 N.J.Super. 408, 570 A.2d 1.

Whether insured was contributorily negligent was question for jury. Weinisch v. Sawyer, 237 N.J.Super. 195, 567 A.2d 259 (A.D.1989), certification granted 121 N.J. 658, 583 A.2d 345, reversed 123 N.J. 333, 587 A.2d 615.

Buyer's guide and coverage selection form did not contain inherent bias or confusion on basis that Commissioner made reference to "basic limit" as opposed to "basic tort option." Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Buyer's guide and coverage selection form which gave basic tort option, as opposed to no-threshold option, a favorite status, was justifiable. Enimer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D. 1989), certification denied 118 N.J. 181, 570 A.2d 950.

Commissioner's regulations did not have to require that coverage selection form inform consumers of exact dollar amount of premium savings arising from election. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Commissioner's use of term "lawsuit threshold" in buyer's guide and coverage selection form, as opposed to "verbal threshold" did not lead to confusion. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Insurance Commissioner acted properly when he required that coverage selection form contain provision referring consumers to their automobile insurance companies in event of questions on coverage. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Model coverage selection form, was not arbitrary, unreasonable or capricious, and was substantially consistent with statutory language. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Two statutes, one requiring that coverage selection form state the percentage difference in premium rates or dollar savings between the two tort options for suing for noneconomic loss and the other requiring that coverage selection form identify range of premium rate credit or dollar savings or both; were not inconsistent. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

11:3-15.7 Use of Coverage Selection Form; Availability

- (a) For all new policies, an insurer or an insurance producer shall receive a Coverage Selection Form signed by the named insured and indicating the prospective insured's coverage choices. Coverage shall not become effective until the signed Coverage Selection Form is received from the named insured, unless otherwise authorized by law.
- (b) For the mid-term policy changes set forth in (b)1 through 5 below, the insurer shall receive a Coverage Selection Form signed by the named insured prior to making the change.
 - 1. Change of policy type from Basic to Standard or Standard to Basic;
 - 2. Change of Lawsuit Option (Standard Policy only):
 - 3. Change of primary coverage for PIP medical expense benefits coverage (from or to Health Insurer Primary) (Standard Policy only);
 - 4. Change in PIP Medical Expense Coverage Limit (Standard Policy only); and
 - 5. Addition or deletion of Liability Coverage (Basic Policy only).
- (c) An insurer may require that other policy changes be made by signed Coverage Selection Form.
- (d) All coverage changes that are required to be made by a signed Coverage Selection Form, either by this subchapter or by the insurer, shall become effective in the following manner, except when coverage for comprehensive or collision is effected by a required inspection pursuant to N.J.A.C. 11:3–36.
 - 1. For new policies, the choices on the Coverage Selection Form shall be effective on the policy effective date;
 - 2. For mid-term policy changes, the choices on the Coverage Selection Form shall be effective the day following the date of postmark or, when personal delivery is made or if the postmark is illegible, the day following receipt of the signed Coverage Selection Form by the insurer or an insurance producer;
 - 3. For changes upon renewal, the changes shall be effective on the date of the next policy renewal if post-marked or received by the insurer or by an insurance producer prior to the renewal date.
- (e) With the knowledge and consent of an insured or applicant, an insurer may transmit the Buyer's Guide and Coverage Selection Form to the applicant or insured by facsimile or electronic transmission. For purposes of this subchapter, insurers may make the Buyer's Guide and Coverage Selection Forms available at a website or by e-mail. Where applicants and policyholders obtain copies of these documents by e-mail or website, it shall not be necessary for insurers to also mail a copy of the document to the insured or applicant. A signed Coverage Selection Form may be transmitted to the insurer by facsimile but not by electronic mail.

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New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Section was "Statement on the possible coordination of other health benefits coverage with the personal injury protection medical expense

Amended by R.1989 d.624, effective December 18, 1989 (operative January 1, 1990). See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a).

Amendments made to bring rule in line with changes in N.J.S.A. 39:6A-23 made by P.L. 1988 c.119.

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Amended to be consistent with N.J.A.C. 11:3-15.6; the text of the Coverage Selection Form is amended both to clarify the current Form and requirements and to respond to changes required by the "Fair Automobile Insurance Reform Act of 1990".

R.1992 d.218, effective May 18, 1992.

See: 24 N.J.R. 523(a), 24 N.J.R. 1898(b).

In (h), added Note to 3, Warning statement to 7 and 8, and prohibition against domicile misstatement to (2).

Amended by R.1994 d.195, effective April 18, 1994.

See: 26 N.J.R. 85(a), 26 N.J.R. 1659(a).

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1998 d.412, effective August 3, 1998.

See: 30 N.J.R. 1747(a), 30 N.J.R. 2927(a).

In (a), substituted "of sufficient size to be easily readable" for "size eight and one-half inches by 11 inches" at the end of the first sentence. Repeal and New Rule, R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Section was "Minimum standards for coverage selection form".

Amended by R.2001 d.44, effective February 5, 2001.

See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

In (e), inserted the second sentence.

Case Notes

Buyer's guide and coverage selection form in regulations promulgated by Insurance Commissioner to implement revisions to no-fault automobile insurance law did not contain inherent bias or confusion on basis that Commissioner made reference to "basic limit" as opposed to "basic tort option." Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Buyer's guide and coverage selection form which gave basic tort option, as opposed to no-threshold option, a favorite status, was justifiable. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D. 1989), certification denied 118 N.J. 181, 570 A.2d 950.

Insurance Commissioner acted properly when he required that coverage selection form contain provision referring consumers to their automobile insurance companies in event of questions on coverage. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Insurance Commissioner's proposed regulations, which implemented revisions to nonfault automobile insurance law requiring consumers to select between two options of coverage for automobile accident-related bodily injury, did not have to require that coverage selection form inform consumers of exact dollar amount of premium savings arising from election. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Model coverage selection form, proposed by regulations promulgated by Insurance Commissioner for implementing legislative revisions to no-fault automobile insurance law requiring consumers to select between two options of coverage for automobile accident-related bodily injury. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

Statute requiring that no-fault automobile insurance coverage selection form state the percentage difference in premium rates or dollar savings between the two tort options for suing for noneconomic loss was not inconsistent with statute requiring that coverage selection form identify range of premium rate credit or dollar savings or both. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

When promulgating regulations to implement revisions to no-fault automobile insurance law, Commissioner's use of term "lawsuit threshold" in buyer's guide and coverage selection form, as opposed to "verbal threshold", did not lead to confusion. Emmer v. Merin, 233 N.J.Super. 568, 559 A.2d 845 (A.D.1989), certification denied 118 N.J. 181, 570 A.2d 950.

11:3-15.8 Penalties

Failure to comply with the provisions of this subchapter may result in the imposition of penalties as prescribed by

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b)

Recodified from N.J.A.C. 11:3-15.10, R.1989 d.624, effective December 18, 1989 (operative January 1, 1990).

See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a). Recodified from N.J.A.C. 11:3–15.11 by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

11:3–15.9 (Reserved)

New Rule, R.1989 d.624, effective December 18, 1989 (operative January 1, 1990).

See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a). Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991). See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Amended to clarify when a Coverage Selection Form must be used and when the changes made thereon become effective.

R.1992 d.218, effective May 18, 1992.

See: 24 N.J.R. 523(a), 24 N.J.R. 1898(b).

In (c), added exception regarding comprehensive and collision. Repealed by R.1998 d.595, effective December 21, 1998 (operative

March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Section was "Use of Coverage Selection Form".

11:3-15.10 (Reserved)

Recodified from N.J.A.C. 11:3-15.9, R.1989 d.624, effective December 18, 1989 (operative January 1, 1990).

See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a).

Repealed by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

Section was "Effect on other notice requirements".

11:3–15.11 (Reserved)

New Rule, R.1989 d.117, effective February 21, 1989.

See: 20 N.J.R. 2984(a), 21 N.J.R. 558(b).

Recodified from N.J.A.C. 11:3-15.10, R.1989 d.624, effective December 18, 1989 (operative January 1, 1990). See: 21 N.J.R. 3244(a), 21 N.J.R. 3922(a).

Recodified to N.J.A.C. 11:3-15.8 by R.1998 d.595, effective December 21, 1998 (operative March 22, 1999)

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

APPENDIX

EXHIBIT 1 NEW JERSEY AUTO INSURANCE BUYER'S GUIDE

When you purchase a new insurance policy or renew your current policy, you must make many decisions about what you need to buy and how much you can afford to spend. You must decide:

Do I need a policy with a broad range of choices that I can adjust to meet my needs and offers the most protection but at a higher cost? THIS IS THE STANDARD POLICY. See page insert page # here.

Do I need a policy with fewer choices about the type of insurance and the amounts of insurance I buy, which offers less protection but at a lower cost than the Standard Policy? THIS IS THE BASIC POLICY. See page insert page # here. How much insurance do I need to cover medical bills and other related expenses if I am in an accident? THIS IS PERSONAL INJURY PROTECTION OR "PIP." See page insert page # here.

How much insurance do I need if someone sues me because of an accident I caused that injures them or damages their property? THIS IS BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY. See page insert page # here. How much insurance do I need if I am in an accident caused by someone who has little or no insurance? THIS IS UNINSURED AND UNDERINSURED MOTORIST COVERAGE. See page insert page # here.

Do I need to buy insurance to cover my car if it is damaged in an accident I cause, or if it is stolen or damaged in some other way? THIS IS COLLISION AND COMPREHENSIVE COVERAGE. See page insert page # here. If appropriate use term "other than collision" throughout.

How much money can I afford to pay out of my own pocket before the insurance company begins paying, if I have an insurance claim? THESE ARE DEDUCTIBLES AND CO-PAYMENTS. See page insert page # here.

Do I want to be able to sue another driver for my pain and suffering when the accident was not my fault and I was injured? Am I willing to limit my ability to sue for only the most serious injuries? THESE ARE THE LAWSUIT OPTIONS. See page insert page # here.

WARNING: Insurers or their producers or representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers or their producers or representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, bodily injury liability coverage, higher limits of uninsured/underinsured motorists coverage, collision coverage or comprehensive coverage. Insurers, their producers and representatives can lose this limitation on liability by failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

SOME TERMS USED IN THIS GUIDE

Your auto insurance policy is divided into different COVER-AGES based on the type of loss from which you are protected. Automobile insurance COVERAGES are:

PERSONAL INJURY PROTECTION LIABILITY UNINSURED/UNDERINSURED MOTORIST COLLISION COMPREHENSIVE

Most coverages are offered at several LIMITS, which are the maximum dollar amount the insurer will pay in the event of an accident.

The lower the limit of coverage, the less the insurance will cost you. However, low limits of coverage may not be sufficient to pay for all of your losses (injuries or damage to property) or cover the losses of those making claim against you. Some coverages also have DEDUCTIBLES. DEDUCTIBLES are payments you have to make before the insurer starts to pay. For example, a \$500 DEDUCTIBLE means that you pay for the first \$500 of each loss.

Higher deductibles can lower the cost of your automobile insurance. However, you should consider how high a deductible you can pay if you are involved in an accident.

A PRODUCER is someone who is licensed to sell insurance. STANDARD and BASIC POLICIES

There are two types of auto insurance policies available in New Jersey. A BASIC policy is a low cost policy that provides a minimum of benefits.

A STANDARD policy provides a wide variety of coverage options many of which are not available in a basic policy. The following chart compares the differences between the BASIC AND STANDARD policy. Each of the coverages explained after the chart below will state whether it is available for the BASIC or STANDARD policy.

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AUTO INSURANCE COMPARISON CHART

Basic Policy includes:	Standard Policy includes:	Standard Policy coverage choices:
PIP medical expenses up to \$15,000. Certain extremely serious injuries and hospital care of other significant injuries are covered over \$15,000 up to \$250,000.	PIP medical expenses up to \$250,000.	Lower PIP medical expenses limits. (–) Certain extremely serious injuries and hospital care of other significant injuries are covered over the limit and up to \$250,000. Higher PIP medical expense limits. (+)
No other PIP benefits.	Other PIP benefits: essential services; income continuation; death; and funeral expenses (Extra PIP Package).	No essential services; income continuation; death or funeral benefits (PIP Medical Only). (–); or Higher essential services; income continuation; death and funeral benefits (Extra PIP Package). (+)
Property Damage Liability limit of \$5,000.	Property Damage Liability limit of \$5,000.	Higher Property Damage Limits. (+)
Right to sue for pain and suffering limited to serious injuries (Limitation on Lawsuit).	Right to sue for pain and suffering limited to serious injuries (Limitation on Lawsuit Option).	No limit on right to sue for pain and suffering (No Limitation on Lawsuit Option). (+)
No Uninsured and Underinsured Motorist Coverage.	Uninsured and Underinsured Motorist Coverage limit same as liability limits.	Higher Limits of Uninsured and Underinsured Motorist Coverage. (+)
Optional Coverages for Basic Policy:		
Bodily Injury Liability of \$10,000. (+)	Bodily Injury Liability limit of \$15,000 per person/\$30,000 per accident.	Higher Bodily Injury Liability Limits. (+)
Collision and Comprehensive Coverages. (+)		s for Standard Policy: hensive Coverages. (+)

(+) = your premium will increase with this choice (-) = your premium will decrease with this choice

Some coverages are subject to deductibles or copayments that may require you to pay for a part of your claim before your insurer will pay anything.

Insurers that offer combined single limits should make appropriate substitutions. Insurers that do not offer Collision and Comprehensive on the Basic Policy should delete that option.

COVERAGES:

LIABILITY coverage pays other people for damages that you cause if you are found to be at fault in an accident. There are two kinds of liability coverage:

BODILY INJURY and PROPERTY DAMAGE.

BODILY INJURY LIABILITY COVERAGE

BODILY INJURY liability coverage protects you from claims and lawsuits by people who are injured or die as a result of an accident you cause. It compensates those people for pain, suffering and other personal hardships and will also pay for some economic damages, such as lost wages.

BASIC POLICY—Bodily injury liability is optional for a basic policy. It is available at a limit of \$10,000 total for all persons, per accident.

Caution: If you do not have liability coverage, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. The insurer will not provide or pay for a lawyer to represent you if you are sued. Your assets will be at risk,

including the risk of having money deducted from your wages if a judgment is entered against you.

STANDARD POLICY—Bodily injury liability is required by law for a standard policy. The minimum limits are:

• \$15,000 for any one person's injuries, per accident;

● \$30,000 for more than one person's injuries, per accident. Substitute minimum combined single limit, if offered Higher limits of liability coverage available are listed on the Coverage Selection Form.

PROPERTY DAMAGE LIABILITY COVERAGE PROPERTY DAMAGE liability coverage protects you from claims and lawsuits by people whose property is damaged as a result of an accident you cause.

STANDARD POLICY and BASIC POLICY—Property Damage liability coverage of \$5,000 per accident is required by law for both the standard and basic policies.

For the STANDARD POLICY, higher property damage liability limits are available and are listed on the Coverage Selection Form.

PERSONAL INJURY PROTECTION COVERAGE
PERSONAL INJURY PROTECTION COVERAGE or PIP
pays if you or other persons covered under your policy are
injured in an automobile accident. It is often called NOFAULT coverage because it pays your own medical expenses
no matter who caused the accident. PIP coverage has two parts:
medical expense coverage and the extra PIP package coverage.

PIP Medical Expense Coverage

PIP medical expense coverage pays hospitals, doctors and other medical providers for treatment of injuries from automobile accidents. It also pays for medical equipment you may need. Both STANDARD and BASIC POLICIES have medical expense coverage.

STANDARD POLICY LIMITS: The medical expense coverage limit is \$250,000 per person per accident, unless you choose a lower limit.

You can select medical expense coverage with the following lower limits of coverage per person per accident:

\$15,000; \$50,000; \$75,000; or \$150.000

Even if you choose one of the lower limits above, you will be covered for medically necessary treatment above the limit and up to \$250,000 for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care.

Add higher Medical Expense limit, if offered.

BASIC POLICY LIMITS: For the basic policy, the medical expense coverage limit is \$15,000, per person per accident. You are also covered for all medically necessary treatment above \$15,000 and up to \$250,000 for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care. DEDUCTIBLES and CO-PAYMENTS: STANDARD and BA-SIC POLICIES—You will pay for part of the first \$5,000 of medical expenses you or other covered persons have in an auto accident. Your insurer will pay medical bills over the deductible amount you choose. In addition, there is a 20 percent copayment for medical expenses in excess of the deductible up to \$5,000. That means that you pay 20 percent of the medical expenses and the insurer pays 80 percent. For necessary medical expenses over \$5,000, the insurer pays 100 percent. The chart below shows the choice of deductibles and the total out-of-pocket expenses you would have to pay for deductibles and co-payments if you were injured in an accident and had medical expenses of \$5,000 or more.

		Total deductible
Deductible	Highest co-pay	and co-pay
Choice		
\$ 250	\$950	\$1,200
\$ 500	\$900	\$1,400
\$1,000	\$800	\$1,800
\$2,000	\$600	\$2,600
\$2,500	\$500	\$3,000

Caution: Higher deductibles reduce the cost of your insurance but you may not have that cash available when you or a person covered under the policy has an accident. In some cases, your health insurer may cover part of the deductible. Contact your health insurer for more information.

Insurers with an approved precertification plan substitute explanation here with deductibles and co-payments, if any.
HEALTH INSURER FOR PIP OPTION—STANDARD POLICY ONLY

You may choose your health coverage provider to pay medical expenses for injuries you sustain in an auto accident instead of your automobile insurer. Please consider the factors below to see if this option is right for you.

1. Does your health coverage provider cover injuries from automobile accidents?

A health coverage provider may be an insurance company, an HMO or some other type of benefit plan provided by your employer. You must make sure that your health coverage provider will pay for automobile accident injuries. Medicare and Medicaid will not provide this coverage.

2. What limits and deductibles apply? The deductibles and co-payments of your health policy or plan will apply to treatment for injuries from auto accidents. In addition, the coverage limits of your health policy or plan will also be in effect. Your automobile insurer will only pay for necessary expenses not covered by your health policy or plan.

3. What if I lose my health coverage? You must maintain your health coverage. If you are in an accident and your coverage is no longer in effect, your auto insurer must pay PIP medical benefits. However, you will be required to pay a \$750 additional deductible.

EXTRA PIP PACKAGE COVERAGE—STANDARD POLI-CY ONLY

The following package of additional benefits goes with your PIP medical expense coverage with the following minimum benefits. This coverage is available for the STANDARD POLICY ONLY.

- Income Continuation: If you cannot work because of an auto accident injury, you can collect up to \$100 a week up to a total limit of \$5,200 for lost wages.
- Essential Services: You can collect as much as \$12 a day, up to a total limit of \$4,380 to pay someone to do necessary services that you normally do yourself, such as cleaning your house, mowing your lawn, shoveling snow or doing laundry.
- Death Benefit: If you die from auto accident injuries, your family or estate will receive any benefits you have not already collected under the income continuation and essential services coverages.
- Funeral Expense Benefit: in addition to the death benefit, reasonable funeral expenses are covered up to \$1,000. EXTRA PIP PACKAGE OPTIONS—STANDARD POLICY

You may choose not to receive the extra PIP package benefits and only have your PIP coverage be for medical expenses. Alternatively, you may choose higher limits of income continuation, essential services, death and funeral benefits. Insert table of benefit options at N.J.A.C. 11:3-7.4(b) and additional benefits if offered.

UNINSURED MOTORIST COVERAGE— STANDARD POLICY ONLY

Uninsured motorist coverage protects you if you are in an accident caused by someone who does not have the minimum level of insurance required by law. Claims that you would have made against the driver who was at fault are paid by your own policy up to the limits of your own uninsured motorist coverage. Your uninsured motorist coverage may not have a limit higher than your own bodily injury liability coverage limit. Uninsured motorist coverage does not benefit the uninsured driver.

UNDERINSURED MOTORIST COVERAGE— STANDARD POLICY ONLY

Underinsured motorist coverage protects you if you are in an accident caused by someone who is insured but who has lower liability limits than your underinsured motorist limits. If your damages are greater than the limits of the other driver's policy, you can make a claim against your own policy for the amount of damages not covered by the other driver's policy up to the difference between the limits of your underinsured motorist coverage and the other driver's policy limit.

LIMITS: You are required to have uninsured motorist coverage at the minimum liability limit. Uninsured/underinsured motorist coverage is sold together and is available up to the limits of your own liability coverage.

COLLISION COVERAGE

Collision coverage protects you from damage that you cause to your automobile. For example, collision coverage would pay for repairs to your automobile if you were at fault in an accident or hit a tree. You can also make a claim under your own collision coverage for damage to your car from an accident in which you were not at fault. This is instead of making a property damage liability claim against the driver who caused the accident. Your insurer will then seek reimbursement from the insurer of the atfault party.

COMPREHENSIVE COVERAGE

Comprehensive coverage (also known as "other than collision coverage"), protects you if your automobile is stolen and for damage to your automobile caused by things not covered under collision coverage, such as vandalism or fire.

LIMITS—The limit of collision and comprehensive coverage is how much your automobile is worth on the market.

DEDUCTIBLES—The standard deductible for collision coverage is \$500 and higher and lower deductibles are available and are listed on the Coverage Selection Form. The standard deductible for comprehensive is \$500. Lower and higher de-

ductibles are available and are listed on the Coverage Selection

COLLISION and COMPREHENSIVE COVERAGES ARE OPTIONAL for both the BASIC and STANDARD policies. Delete for Basic Policy if insurer does not offer Collision and Comprehensive

Some companies require you to buy comprehensive coverage if you buy collision coverage. Many automobiles have to be inspected within seven (7) days of being covered by collision and/or comprehensive coverage. This inspection prevents fraudulent claims for preexisting damage. Your insurer will give you information about how to get an inspection if one is required. Named Driver Exclusion—Normally, the coverage choices you make apply to all persons covered under the policy. However, you can choose to exclude certain drivers on your policy from being covered by collision and/or comprehensive coverage on an automobile. This can lower your premium, but means that if the excluded driver operates the automobile and is involved in a loss, you are not insured for collision and/or comprehensive coverage. Contact your insurer or producer for more information about this option.

LAWSUIT OPTIONS:

For the STANDARD POLICY, you must make a choice about the rights you will have if you are injured in an automobile accident. The choice you make does affect how much your insurance will cost. The choice you make will apply to you, your spouse, children and other relatives living with you who are not covered under another automobile insurance policy.

For the BASIC POLICY, you do not have a choice and will have the limitation on lawsuit option described below.

LIMITATION ON LAWSUIT OPTION

Under the limitation on lawsuit option, you agree not to sue the person who caused an accident for your pain and suffering unless you sustain one of the injuries that appears on this list:

- death;
- dismemberment;
- significant disfigurement or significant scarring;
- a displaced fracture;
- loss of a fetus; or
- permanent injury within a reasonable degree of medical probability other than scarring or disfigurement. Any injury shall be considered permanent when the body part or organ, or both, has not healed to function normally and will not heal to function normally with further medical treatment;

NO LIMITATION ON LAWSUIT OPTION: Under the no limitation on lawsuit option, you can sue the person at fault in an accident for pain and suffering for any injury, no matter how minor

STANDARD POLICY—You must choose one of these two options. If you do not make a choice, you will receive the limitation on lawsuit option. The limitation on lawsuit option will decrease your premium. It is also important to remember that these options only cover lawsuits for "pain and suffering" or non-economic losses. Your medical expenses and some economic losses for injuries in auto accidents will be paid up to the limits of your PIP coverage and are not affected by the choice you make here.

WARNING: Insurance companies or their producers or representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers or their producers or representatives also shall not be liable if the limitation on lawsuit option is imposed by law because no choice was made on the coverage selection form. Insurers, their producers or representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

11:3-15 App.

INSURANCE CLAIMS OMBUDSMAN Text to be provided by Order of the Commissioner. EXHIBIT 2	[] \$2,500 deductible, for a% to% reduction in the PIP premium. Insurers with an approved pre-certification plan should insert a
STANDARD POLICY COVERAGE SELECTION FORM Name:	description of the plan here plus any deductibles or co-payments included in the plan.
This Coverage Selection Form is for a STANDARD POLICY, see Buyer's Guide, page insert page # here. A BASIC POLICY with the minimum of required coverages is also available for a lower premium. Contact your insurer or producer for more	Health Insurer for PIP Option [] I choose the health insurer for PIP option—Buyer's Guide, page insert page # here. The name of my health insurer(s) is (are):
information. BODILY INJURY LIABILITY—Buyer's Guide page insert	Policy/Group #/Certificate #
page # here Choose the Bodily Injury Liability Limits that you want:	Policy/Group #/Certificate #Extra PIP Package Coverage Options
	The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits—Buyer's Guide page insert page # here
At least four of the most popular coverage limits shall be listed, including the lowest limit offered. If a complete list is not provided, state that other coverage limits are available. PROPERTY DAMAGE LIABILITY—Buyer's Guide page insert page # here Choose the Property Damage Limits you want:	You may choose not to have the Extra PIP Package benefits for a% to% savings in the PIP premium. Include the range of percentage savings and the base PIP premium I choose PIP Medical Expense Only You may choose to have higher limits for the Extra PIP Package of Income Continuation, Essential Services, Death and Funeral Benefits. Buyer's Guide page insert page # here
	Insert a chart listing options and choices UNINSURED/UNDERINSURED MOTORIST COVER- AGE—Buyer's Guide, Page insert page # here
At least four of the most popular coverage limits shall be listed, including the lowest limit offered. If a complete list is not	You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury Liability Insurance Limit.
provided, state that other coverage limits are available. For insurers offering combined single limits, substitute at least four of the most popular combined single limits, including the lowest offered.	
PERSONAL INJURY PROTECTION (PIP)—Buyer's Guide page insert page # here [] I choose the standard PIP Medical Expense Limit of \$250,000. Include higher limit if offered	List the same options available for bodily injury liability coverage above. Other options may also be listed. COLLISION COVERAGE—Buyer's Guide, page insert page # here
[] I choose one of the lower PIP Medical Expense Limits below. WARNING: Prior to insert effective date of P.L. 1998, c.21, all	 No, I choose not to be covered for collision damage. Yes, I choose to be covered for collision damage with the basic \$500 deductible.
auto insurance policies had PIP Medical Expense Benefit limits of \$250,000. The limits below provide you with less coverage. Warning must be in at least 12 point type. [] \$150,000* for a% to% reduction in the PIP premium	[] Yes, I choose to be covered for collision damage with the deductible circled here: \$1,000, \$1,500 or \$2,000. This premium will be less than the premium with the basic \$500 deductible. Details available from company or insurance producer (i.e., agent or broker).
[] \$ 75,000* for a% to% reduction in the PIP premium	[] Yes, I choose to be covered for collision damage with the deductible circled here: \$100, \$150, \$200 or \$250. This premium will be more than the premium with the basic
[] \$ 50,000* for a% to% reduction in the PIP premium [] \$ 15,000* for a% to% raduction in the PIP premi	\$500 deductible. Details available from insurer or insurance producer.
[] \$ 15,000* for a% to% reduction in the PIP premium Even if you choose one of the amounts above, all medically	Insert provision for coverage/no coverage per car if available COMPREHENSIVE COVERAGE If appropriate, use the
necessary treatment over the policy limit up to \$250,000 will be paid for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant	term "other than collision" coverage throughout this section [] No, I choose not to be covered for comprehensive damage. [] Yes, I choose to be covered for comprehensive damage
injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care.	with the basic \$500 deductible. [] Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$1,000, \$1,500 or \$2,000.
Choose the PIP Medical Expenses Deductible you want: [] \$ 250 deductible, minimum required by law. [] \$ 500 deductible, for a% to% reduction in the	This premium will be less than the premium with the basic \$500 deductible. Details available from insurer or insurance producer.
PIP premium. [] \$1,000 deductible, for a% to% reduction in the PIP premium.	[] Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$100, \$150, \$200 or \$250. This premium will be more than the premium with the
[] \$2,000 deductible, for a% to% reduction in the PIP premium.	basic \$500 deductible. Details available from insurer or insurance producer.

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AUTOMOBILE INSURANCE 11:3–15 App.

Insert provision for coverage/no coverage per car if available For both collision and comprehensive, if either the \$200 deductible or \$250 deductible is not offered, that option may be deleted from this form. Also, all other available collision and comprehensive deductibles shall be listed where appropriate. WARNING: Insurers or their producers or representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers or their producers or representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, higher limits of uninsured/underinsured motorists coverage. collision coverage or comprehensive coverage. Insurers, their producers and representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

LAWSUIT OPTIONS, Buyer's Guide, page insert page # here

| I want the Limitation on Lawsuit Option.

I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be ___% to ___% higher if I select the No Limitation on Lawsuit option instead of the Limitation on Lawsuit option, depending upon where my car is garaged, my bodily injury liability coverage limit, and other factors. Per vehicle, my bodily injury liability premium at current rates will be \$___ to \$___ higher on each ____renewal of my policy if I select the No Limitation on Lawsuit option instead of the Lawsuit option. I understand that I can contact my insurer or my insurance producer for specific details.

Insurance companies writing six month policies should insert the word "semi-annual" in the blank space above. Companies writing 12 month policies should insert the word "annual." Insurance companies writing single limit liability coverage may add a footnote to inform insureds that the policy declaration page will not include a specific premium for "bodily injury liability" coverage.

WARNING: Insurance companies or their producers or representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers or their producers or representatives also shall not be liable if the limitation on lawsuit option is imposed by law because no choice was made on the coverage selection form. Insurers, their producers or representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

STATEMENT OF INSURED or APPLICANT:

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for PIP medical expense coverage and uninsured and underinsured motorists coverage have been explained to me. My choices are shown above. I agree that each of these choices will apply for all vehicles insured by my policy and to each subsequent renewal, continuation, replacement or amendment until the insurer or its insurance producer receives my request that a change be made. For new policyholders, I understand that:

- (a) If I do not make a choice to have the No Limitation on Lawsuit Option, I will receive the Limitation on Lawsuit option;
- (b) If I carry collision and/or comprehensive coverage without making a written choice of deductible, I will receive the \$500 deductible;
- (c) If I do not choose to have my health insurer provide PIP medical expense benefits, my auto insurer will provide PIP medical expense benefits; and
- (d) If I do not choose a lower PIP medical expense limit, I will receive the \$250,000 limit.

I understand that if this is a policy renewal and if I do not complete choices, I will receive the same coverage as in my previous policy except when changes are required by a law becoming effective during the term of my previous policy. I understand that these choices take effect in the following manner:

- (1) For new policies, on the effective date of the policy;
- (2) For mid-term policy changes, on the day following the date of postmark or, when personal delivery is made or the postmark is illegible, the day following receipt of this form by the insurer or producer; and

EXHIBIT 3 BASIC POLICY COVERAGE SELECTION FORM

Name: _______
This Coverage Selection Form is for a BASIC POLICY, see Buyer's Guide, page insert page # here. A STANDARD POLICY with more coverages and higher limits is also available for a higher premium. Contact your insurer or producer for more information.

BODILY INJURY LIABILITY—Buyer's Guide page—insert page # here

Yes, I choose the \$10,000 Bodily Injury Liability Limit.
No, I do not choose to have Bodily Injury Liability Coverage.

WARNING: If you do not choose to have Bodily Injury Liability Coverage and you are at fault in an accident where people are injured or die, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. Your insurer will not pay a judgment against you or pay for a lawyer to defend you if you are sued. Your assets will be at risk, including having money deducted from your wages if a judgment is entered against you. Warning must be in at least 12 point type.

WARNING: Insurers or their producers or representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers or their producers or representatives also shall not be held liable if you choose to purchase a basic policy instead of a standard policy, or if you choose not to purchase bodily injury liability coverage, collision coverage or comprehensive coverage. Insurers, their producers and representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

PERSONAL INJURY PROTECTION—Buyer's Guide, page insert page # here

WARNING: For a BASIC POLICY, the limit on PIP Medical Expense Coverage is \$15,000 but includes up to \$250,000 for emergency care of certain catastrophic injuries (See Buyer's Guide page insert page # here). Prior to insert effective date of

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P.L. 1998, c.21, all automobile insurance policies had PIP

basic \$500 deductible. Details available from insurer or

These sections should be omitted by insurers that do not offer

Medical Expense limits of \$250,000. The PIP Medical Expense	collision and comprehensive coverage in the Basic Policy. For
Coverage for a BASIC POLICY is significantly less than previ-	both collision and comprehensive, if either the \$200 deductible
ously required by law. Warning must be in at least 12 point	or \$250 deductible is not offered, that option may be deleted
type.	from this form. Also, all other available collision and compre-
Choose the PIP Medical Expenses Deductible you want:	hensive deductibles shall be listed where appropriate.
[] \$ 250 deductible, minimum required by law.	STATEMENT OF INSURED or APPLICANT:
[] \$ 500 deductible, for a% to% reduction in the	I have read the Buyer's Guide outlining the coverage options
• •	available to me. I understand that this is a BASIC POLICY
PIP premium.	with the minimum coverages required by law and that a Stan-
[] \$1,000 deductible, for a% to% reduction in the	dard Policy with higher limits and additional coverages is
PIP premium.	available. The option to buy Bodily Liability Coverage has been
[] \$2,000 deductible, for a% to% reduction in the	explained to me. My choices are shown above. I agree that each
PIP premium.	of these choices will apply for all vehicles insured by my policy
[] \$2,500 deductible, for a% to% reduction in the	and to each subsequent renewal, continuation, replacement or
PIP premium.	amendment until the insurer or its insurance producer receives
Insurers with an approved pre-certification plan should insert a	my request that a change be made.
	For new policyholders, I understand that:
description of the plan here plus any deductibles or co-pay-	(a) Unless I choose to have the \$10,000 Bodily Injury Liability
ments included in the plan.	Coverage, I will not receive any Bodily Injury Liability
COLLISION COVERAGE—Buyer's Guide, page insert page	Coverage;
# here	(b) If I choose collision or comprehensive coverage without
No, I choose not to be covered for collision damage.	making a written choice of deductible, I will receive the
Yes, I choose to be covered for collision damage with the	\$500 deductible;
basic \$500 deductible.	I understand that if this is a policy renewal and if I do not
[] Yes, I choose to be covered for collision damage with the	complete choices, I will receive the same coverage as in my
deductible circled here: \$1,000, \$1,500 or \$2,000. This	previous policy except when changes are required by a law
	becoming effective during the term of my previous policy.
premium will be less than the premium with the basic \$500	I understand that these choices take effect in the following
deductible. Details available from insurer or insurance	manner:
producer.	(1) For new policies, on the effective date of the policy;
[] Yes, I choose to be covered for collision damage with the	(2) For mid-term policy changes, on the date of postmark or,
deductible circled here: \$100, \$150, \$200 or \$250. This	when personal delivery is made or if the postmark is
premium will be more than the premium with the basic	illegible, the day following receipt of this Form by the
\$500 deductible. Details available from insurer or insur-	insurers or by a producer; and
ance producer.	(3) For changes upon renewal, on the date of the next policy
COMPREHENSIVE COVERAGE Buyer's Guide page insert	renewal if postmarked or received by the insurance compa-
page # here. If appropriate, use the term "other than collision"	ny or by an insurance producer prior to the renewal date.
	ANY PERSON WHO KNOWINGLY MAKES AN APPLICA-
coverage throughout this section	TION FOR MOTOR VEHICLE INSURANCE COVERAGE
[] No, I choose not to be covered for comprehensive dam-	CONTAINING ANY STATEMENT THAT THE APPLI-
age.	CANT RESIDES OR IS DOMICILED IN THIS STATE
[] Yes, I choose to be covered for comprehensive damage	WHEN, IN FACT, THAT APPLICANT RESIDES OR IS
with the basic \$500 deductible.	DOMICILED IN A STATE OTHER THAN THIS STATE, IS
Yes, I choose to be covered for comprehensive damage	SUBJECT TO CIVIL AND CRIMINAL PENALTIES.
with the deductible circled here: \$1,000, \$1,500 or \$2,000.	Please check the appropriate box to which this form applies.
This premium will be less than the premium with the basic	NEW POLICY Mid-Term Change Renewal
\$500 deductible. Details available from insurer or insur-	Change
ance producer.	SIGNATURE OF NAMED INSURED
1	OR APPLICANT
Yes, I choose to be covered for comprehensive damage	DATE
with the deductible circled here: \$100, \$150, \$200 or \$250.	
This premium will be more than the premium with the	

New Rule, R.1998 d.595, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3577(a), 30 N.J.R. 4452(a).

insurance producer.

AUTOMOBILE INSURANCE 11:3–20.3

4. Driver D: 0 MVR points, 1 accident.

SUBCHAPTER 20. REPORTING FINANCIAL DISCLOSURE AND EXCESS PROFITS

11:3-20.1 Purpose

This subchapter sets forth the financial disclosure and excess profits reporting requirements pursuant to N.J.S.A. 17:29A–5.6 to 17:29A–5.16.

Amended by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Case Notes

Insurance commissioner failed to utilize statutory rule-making procedures in changing evaluation of excess profits. American Employers' Ins. Co. v. Commissioner of Ins., Dept. of Ins., State of N.J., 236 N.J.Super. 428, 566 A.2d 202 (A.D.1989).

11:3-20.2 Scope

The provisions of this subchapter apply to all insurers authorized to transact private passenger automobile insurance business in this State.

11:3-20.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Actuarial gain" means the remainder obtained by subtracting the allowance for profit and contingencies from underwriting income which remainder may be positive or negative. The allowance for profit and contingencies is determined by the Clifford formula as a 3.5 percent of Earned Premium or 5.38 percent on a pre-tax basis, using the Federal corporate tax rate of 35 percent.

"AIRE Allocation" means the amount received exclusive of the company's share of Investment Income from the New Jersey Automobile Insurance Risk Exchange pursuant to N.J.S.A. 39A:6A–22.

"AIRE Assessment" means the amount paid to the Automobile Insurance Risk Exchange pursuant to N.J.S.A. 39:6A-22.

"AIRE Investment Income" means the company's share of Investment Income received from the New Jersey Automobile Insurance Risk Exchange pursuant to N.J.S.A. 39:6A–22.

"ALAE" means Defense and Cost Containment Expense as stated on the statutory annual statement, formerly identified as Allocated Loss Adjustment Expense.

"AY" means Accident Year.

"CY" means Calendar Year.

"Calendar-accident year" means the period from January 1 to December 31, during which, in the appropriate context:

- 1. Premium or investment income was earned;
- 2. Expenses were incurred; or
- 3. Accidents occurred which resulted in losses, loss adjustment expenses or AIRE compensation.

"Car year" means the unit of exposure equivalent to the insuring of one automobile for 12 months, or two automobiles for six months each.

"Combined profits report" means the Excess Profits Report consisting of the aggregated profits results of all members within an insurance holding company system.

"Commissioner" means the Commissioner of Banking and Insurance.

"Development adjustment" means the difference obtained by subtracting:

- 1. Loss and loss adjustment expenses for that calendar-accident year, developed to an ultimate basis and evaluated as of March 31 of the year preceding the year in which the profits report required by N.J.A.C. 11:3–20.5 is due; from
- 2. Losses and loss adjustment expenses for the calendar-accident year, developed to an ultimate basis and evaluated as of March 31 of the year in which the profits report is due.

"Direct business" means policies written by the insurer as the primary carrier, and does not reflect premiums ceded to or losses recovered from other carriers on account of reinsurance ceded, premiums received from or losses paid to other carriers on account of reinsurance assumed, or any expenses paid or incurred as a result of a reinsurance transaction.

"Exempted types" are those kinds of coverage arising out of a specialty program which uses its own rates, rules, and policy forms which have been filed with and approved by the Department and does not include private passenger automobile insurance coverage. "Exempted types" include, but are not limited to, motorcycles, "off-road" vehicles, motor homes, antique automobiles and excess liability.

"IBNR" means Incurred but Not Reported.

"Insurance holding company system" for the purpose of the excess profits report means two or more insurers under the same ultimate common ownership each of whom writes private passenger automobile insurance in New Jersey.

"Insurer" means an entity authorized or admitted to transact private passenger automobile insurance in New 11:3–20.3 DEPT. OF INSURANCE

Jersey. Insurer does not include any residual market mechanism for automobile insurance for the purposes of this subchapter.

"LAD fees" mean a buy-out fee as defined in the New Jersey Personal Automobile Insurance Plan, Plan of Operation, Article 5, D8.

"Non-excessive subsidization" means the number of dollars of excess profit, as calculated pursuant to this subchapter, for an individual insurer within an insurance holding company system, that is less than or equal to .5 percent (one half of one percent) of its earned premiums for the three calendar-accident years immediately preceding the year in which the Excess Profits Report is due to the extent that this excess profit has not been refunded or credited to policyholders.

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"Page 15" means Page 15 of the New Jersey statutory annual statement for CY 1995 and later, and Page 14 of the New Jersey statutory annual statement for CY 1994 and earlier.

"Private passenger automobile insurance business" means direct insurance on private passenger automobiles as defined in N.J.S.A. 39:6A-2, excluding personal excess liability insurance and insurance on commercial vehicles.

"Subsidization" means the number of dollars of excess profit as calculated pursuant to this subchapter, for a member of an insurance holding company system, which has not been refunded or credited to policyholders.

"Total actuarial gain" means the sum of actuarial gains for the three calendar-accident years immediately preceding the due date of the profits report required by N.J.A.C. 11:3-20.5 less the development adjustments for the calendar-accident years beginning with the seventh calendaraccident year immediately preceding the due date of the profits report and ending with the fourth calendar-accident year immediately preceding the due date of the profits report.

"UCJF" means the Unsatisfied Claim and Judgment Fund.

"ULAE" means Adjusting & Other Expense as stated on the statutory annual statement, formerly identified as Unallocated Loss Adjustment Expense.

"Underwriting income" means the remainder obtained by subtracting the sum of losses developed to an ultimate basis, loss adjustment expenses developed to an ultimate basis, and other expenses exclusive of UCJF assessments, from the sum of premiums earned and AIRE compensation developed to an ultimate basis, which remainder may be positive or negative.

"UCJF assessments" means amounts paid by insurers to the Unsatisfied Claim and Judgement Fund pursuant to N.J.S.A. 39:6-63.

"UCJF reimbursements" means amounts received by an insurer from the Unsatisfied Claim and Judgement Fund as a result of excess medical expense benefit payments by the insurer pursuant to N.J.S.A. 39:6-73.1.

Amended by R.1991 d.17, effective January 7, 1991.

See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

Definitions added for "combined profits report", "non-excessive subsidization" and "subsidization".

Amended by R.1991 d.45, effective February 4, 1991.

See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).
Revised "Insurer" definition by deleting NJAFIUA reference and added "... any residual market mechanism for automobile insurance .." to text.

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended "Anticipated investment income" and "Development adjustment".

Amended by R.1996 d.312, effective July 15, 1996.

See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Amended by R.2001 d.44, effective February 5, 2001.

See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

Amended by R.2002 d.386, effective December 2, 2002.

See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

Rewrote the section.

11:3-20.4 General reporting requirements

- (a) The data in the reports required by this subchapter shall be for New Jersey voluntary private passenger automobile insurance and the Personal Automobile Insurance Plan only.
- (b) Each private passenger automobile insurer, except as provided in (e) and (f) below, shall annually file with the Commissioner the data and information required by this subchapter on or before July 1 of each year. Filings shall be sent to the following address:

ATTENTION: Excess Profit Report New Jersey Department of Banking and Insurance Office of Property and Casualty 20 West State Street PO Box 325 Trenton, New Jersey 08625-0325

- (c) The data required by this subchapter shall be submitted either on a CD-ROM or e-mailed to the Department at the address identified either on the Department's website (www.dobi.state.nj.us) or by telephone call to the Department's main number, (609) 292-5360, and the Exhibits shall be submitted in written copy using the forms and record layouts contained in the Appendix to this subchapter. The information shall be presented in a Microsoft Excel 97 or compatible spreadsheet. The written copy of the Exhibits shall include in the left and top margins the row and column location respectively of all the data in the worksheets. Each page shall also display in the bottom right corner the name of the computer file on which it is contained. All calculated values shall be given as a formula in the spreadsheet. Data shall be submitted in the format set forth in Exhibits found in the Appendix to this subchapter, incorporated herein by reference. Companies may download from the Department web site or submit a blank CD-ROM and a self-addressed, stamped mailer to receive copies of the Microsoft Excel spreadsheets for current and future use in the excess profit reports required pursuant to this subchapter.
- (d) The information shall be provided with respect to the insurer's New Jersey private passenger automobile insurance business separately for each of the following coverages:
 - 1. Personal injury protection, including all options;
 - 2. Bodily injury liability, including uninsured and underinsured motorist coverages, reported at total limits;
 - Property damage liability reported at total limits; and

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- 4. Physical damage, consisting of comprehensive and collision coverages, including all deductibles.
- (e) Any insurer having fewer than 150 earned car years of exposure in New Jersey during the three calendar-accident years immediately preceding the date the profits report is due shall file a certification to that effect, in lieu of all other requirements of this subchapter.
- (f) If an insurer's sole activity in New Jersey is exempted types of insurance, as defined in N.J.A.C. 11:3–20.3, and does not include any private passenger automobile insurance, such insurer shall file a certification to that effect, in lieu of all other requirements of this subchapter.

Amended by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a). Amended by R.1996 d.312, effective July 15, 1996. See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b). Amended by R.2001 d.44, effective February 5, 2001. See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a). Amended by R.2002 d.386, effective December 2, 2002. See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a). Rewrote (c).

11:3-20.5 Excess profit report

- (a) Each insurer shall submit a complete and accurate profits report in the format of the exhibits appended to this subchapter, which exhibits are hereby incorporated by reference as part of these rules.
- (b) The excess profit report shall contain the following information for each of the eight most recent calendar-accident years, with an evaluation date as of March 31 of the year in which the excess profit report is due:
 - 1. Paid, unpaid and incurred loss;
 - 2. Case incurred loss developed to an ultimate basis;
 - 3. Paid, unpaid and incurred ALAE;
 - 4. Case incurred ALAE developed to an ultimate basis;
 - 5. AIRE Allocation and investment income received;
 - 6. AIRE Allocation and investment income developed to an ultimate basis;
 - 7. AIRE Assessment; and
 - 8. AIRE Assessment developed to an ultimate basis.
- (c) In addition to the requirements in (b) above, each insurer shall file in the format of the exhibits appended to this subchapter, the following information of the calendar-accident year ending December 31 immediately preceding the date the excess profit report is due:
 - 1. Premiums written;
 - 2. Premiums earned;
 - 3. Unallocated loss adjustment expense incurred;

- 4. Other expenses incurred, itemized separately as follows:
 - i. Commissions and brokerage fees;
 - ii. Taxes, licenses and fees;
 - iii. UCJF assessments;
 - iv. Other acquisition costs and general expenses and
 - v. Policyholder dividends including any excess profits refunded or credited to policyholders;
 - 5. Actual investment income; and
 - 6. UCJF reimbursements received.
- (d) The excess profit report shall include a calculation of each of the following items in the format of the exhibits appended to this subchapter:
 - 1. Underwriting income for each of the three calendar-accident years immediately preceding the date of the profits report;
 - 2. Actuarial gain for each of the three calendar-accident years immediately preceding the date of the profits-report;
 - 3. Actual investment income for each of the three calendar-accident years immediately preceding the date of the excess profit report;
 - 4. Development adjustment for the calendar-accident years beginning with the seventh calendar-accident year immediately preceding the due date of the profits report and ending with the fourth calendar-accident year immediately preceding the due date of the profits report;
 - 5. Total actuarial gain; and
 - 6. Excess profits.

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- (e) No expenses included in the Excess Profits Report shall include cash call payments to the National Consumer Insurance Company with respect to NCIC pool losses.
- (f) An officer of the insurer shall certify on the profits report forms that the report complies with all statutory and regulatory requirements to the best of his or her information, knowledge and belief. The officer shall sign his or her name and provide title and date, and phone number.

Amended by R.1992 d.254, effective June 15, 1992.
See: 24 N.J.R. 529(a), 24 N.J.R. 2264(a).

Text added at (e) regarding Excess Profits Report expenses.
Amended by R.1994 d.24, effective January 3, 1994.
See: 25 N.J.R. 1829(a), 26 N.J.R. 241(a).
Amended by R.1996 d.58, effective February 5, 1996.
See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).
Amended by R.1996 d.312, effective July 15, 1996.
See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).
Amended by R.2001 d.44, effective February 5, 2001.
See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).
Rewrote (e).
Amended by R.2002 d.386, effective December 2, 2002.
See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

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11:3-20.8

Inserted "excess" preceding "profit" throughout; rewrote (b); in (c), deleted former 5 and 6 and recodified former 7 and 8 as new 5 and 6; in (d)3, substituted "Actual" for "Excess"; deleted (g).

Law Review and Journal Commentaries

Auto Insurance. Steven P. Bann, 137 N.J.L.J. No. 16, 50 (1994).

Case Notes

Challenge to validity of regulation was justiciable. Matter of Commissioner of Insurance's Issuance of Orders A-92-189 and A-92-212, 274 N.J.Super. 385, 644 A.2d 616 (A.D.1993), affirmed 137 N.J. 93, 644 A.2d 576.

Commissioner of Insurance did not exceed his authority in prohibiting automobile insurers from deducting surtaxes and assessments under Fair Automobile Insurance Requirement Act as expenses. Matter of Commissioner of Insurance's Issuance of Orders A-92-189 and A-92-212, 274 N.J.Super. 385, 644 A.2d 616 (A.D.1993), affirmed 137 N.J. 93, 644 A.2d 576.

Insurance commissioner failed to utilize statutory rule-making procedures in changing evaluation of excess profits. American Employers' Ins. Co. v. Commissioner of Ins., Dept. of Ins., State of N.J., 236 N.J.Super. 428, 566 A.2d 202 (A.D.1989).

11:3–20.6 Reporting requirements for insurance holding company systems

- (a) All private passenger automobile insurers that are part of an insurance company holding system shall file one combined excess profit report under N.J.S.A. 17:29A-5.7 and N.J.A.C. 11:3–20.5. In compliance with this obligation, separate certifications and individual excess profit reports may be filed for each insurer in an insurance holding company system and included with the combined excess profit report filed by the insurance company holding system.
- (b) The Commissioner may order a complete excess profits report for any insurer in an insurance holding company system if, in his or her judgment, one or more of the insurers in that system are excessively subsidizing other insurers in that system. Excessive subsidization may exist if the number of dollars of excess profit, as calculated pursuant to this subchapter, for an individual insurer within an insurance holding company system, exceeds .5 percent (one half of one percent) of its earned premiums for the three calendar-accident years immediately preceding the year in which the Excess Profits Report is due to the extent that this excess profit has not been refunded or credited to policyholders.
- (c) Notwithstanding any provision of this section to the contrary, for purposes of evaluating the Excess Profit Reports, the excess profit computation shall be performed solely on the insurance holding company system's combined excess profit report.

Amended by R.1991 d.17, effective January 7, 1991.

See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

New subsection (c) added, provision for determining excessive subsi-

Amended by R.1994 d.425, effective August 15, 1994.

See: 26 N.J.R. 1938(b), 26 N.J.R. 3441(b).

Amended by R.1996 d.312, effective July 15, 1996.

See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Amended by R.2002 d.386, effective December 2, 2002. See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

Rewrote (a); in (c), substituted "profit" for "profits" and inserted "excess" following "combined"; deleted (d), (e).

11:3–20.7 Determination of an excess profit

An excess profit shall exist if for the three calendaraccident years immediately preceding the date the excess profit report is due, an insurer's total actuarial gain for all private passenger automobile coverages combined exceeds 2.5 percent of earned premium, or 3.85 percent on a pre-tax basis, using the Federal corporate tax rate of 35 percent.

Amended by R.1996 d.312, effective July 15, 1996. See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b). Amended by R.2002 d.386, effective December 2, 2002. See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

Rewrote the section.

Case Notes

Insurance commissioner failed to utilize statutory rule-making procedures in changing evaluation of excess profits. American Employers' Ins. Co. v. Commissioner of Ins., Dept. of Ins., State of N.J., 236 N.J.Super. 428, 566 A.2d 202 (A.D.1989).

11:3-20.8 Refund or credit of an excess profit

- (a) If the Commissioner determines that an insurer is required to refund excess profits, the Commissioner shall issue written notice to the insurer of his or her determination. The notice shall contain a written explanation of the basis on which such a determination was made and shall advise the insurer that it may request a reevaluation of the determination as set forth at (b) below.
- (b) An insurer may request a reevaluation of the determination that it is required to refund an excess profit by submitting a written request to the Department within 30 days of the receipt of the notice in (a) above.
 - 1. The written request shall set forth the legal or factual basis for the requested reevaluation.
 - 2. If the basis for the requested reevaluation is good faith error or excusable mistake, the request shall be accompanied by a written request to make a supplemental filing pursuant to N.J.A.C. 11:3–20.11.
 - 3. The Commissioner shall notify the insurer in writing of his or her determination within 60 days, which shall constitute an initial agency decision. If no written request for a reevaluation is made as set forth in (b)1 and 2 above, the original notice of determination shall constitute a final agency decision.
- (c) The insurer shall submit to the Commissioner a fair, practicable and nondiscriminatory plan to refund or credit to policyholders the excess profits within 30 days after the written notice in (a) or (b) above, as applicable, has been given to the insurer by the Commissioner.
 - 1. The refund or credit plan shall be subject to approval by the Commissioner.
 - 2. If the refund or credit plan is disapproved, the Commissioner shall issue a written notice to the insurer containing the reasons for disapproval, and specifications for corrections of the plan.

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- (d) Upon approval of the insurer's refund or credit plan, the Commissioner shall issue an order requiring the insurer to distribute all excess profits according to the approved plan.
- (e) Within 15 days after the excess profits have been refunded or credited to policyholders, the insurer's corporate official shall certify that such refund or credit has occurred.
- (f) Any refund or credit shall be deemed a policyholder dividend applicable to the year in which it is incurred for reporting in subsequent excess profits reports.

Amended by R.1991 d.17, effective January 7, 1991.

See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

Provision at (a) added to require certain information in notice; new (b) added describing procedure and content of request for reevaluation. Amended by R.2002 d.386, effective December 2, 2002.

See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

In (b)3, substituted "an initial" for "a final" following "constitute".

11:3–20.9 Excess profit carry forward

- (a) In the event an excess profit is returned by an insurer in accordance with this subchapter and subsequent reports demonstrate and additional excess profits are indicated, an excess profit carry forward shall be established.
- (b) This excess profit carry forward shall be applied by such insurer as a credit against future determinations of excess profits. The credit shall only be applied in the filing year that generates an excess profit. In such filing year, the insurer shall assign the carry forward or a portion thereof to the latest three AYs of that filing. Once a carry forward is assigned to an AY, it shall remain with that AY until it is on longer displayed in subsequent filings. Once a carry forward or a portion thereof is assigned to a particular AY, that portion of the carry forward amount is exhausted and shall not be applied as a credit against any other AY. The carry forward may be used until such credit is exhausted or the end of a 15 year period from the date the excess profit was paid, whichever occurs first.

Amended by R.1990 d.470, effective September 17, 1990.

See: 22 N.J.R. 1025(a), 22 N.J.R. 2969(c).

New (c) added providing procedure by which insurer establishes "excess profit carry forward" credit.

Amended by R.1996 d.312, effective July 15, 1996.

See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Amended by R.2002 d.386, effective December 2, 2002.

See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a). Rewrote (a) and (b); deleted (c).

11:3-20.10 Order for further information

(a) If, after examination of the insurer's excess profit report, the Commissioner finds that any information or calculation in such report contains, results in, or is based upon aberrant, unusual or irregular data, the Commissioner shall issue an order to such insurer, directing that the information or calculation be altered in a manner necessary to eliminate the effect of the aberrant, unusual or irregular data.

(b) Such insurer shall submit the revised information to the Commissioner within 15 days after receiving an order pursuant to (a) above.

Amended by R.2002 d.386, effective December 2, 2002.

See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

In (a), substituted "profit" for "profits", deleted "contained" following "calculation" and "in writing" following "shall issue".

11:3-20.11 Supplemental filings

- (a) An insurer may request permission to supplement its Excess Profits Report filing due to good faith error or excusable mistake by submitting a written request to the Department containing the following:
 - 1. The reasons why the insurer believes that a supplemental filing is necessary;
 - 2. A brief but complete description of the nature of the information to be contained in the supplemental filing (Note: The actual supplemental filing should not be submitted until the insurer is notified that the request has been approved); and
 - 3. The reasons why the insurer failed to provide this information in its initial Excess Profits Report filing.
- (b) The Commissioner shall either approve or disapprove the request, in writing, within 30 days after the request is received by the Department. If the insurer is notified that its request is approved, the insurer shall submit the supplemental filing to the Department within 10 days after the receipt of such notification.

New Rule, R.1991 d.17, effective January 7, 1991.

See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

Old 20.11, Compliance dates, has been recodified to 20.12.

11:3-20.12 (Reserved)

Recodified from 11:3–20.11, by R.1991 d.17, effective January 7, 1991.

See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

Repealed by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a). Section was "Compliance dates".

11:3-20.13 Penalties

Failure to file a complete and accurate excess profits report so that it is received by the Commissioner on or before July 1 shall constitute a violation of this subchapter, and may result in the imposition of penalties as provided by statute.

Recodified from 11:3–20.12, by R.1991 d.17, effective January 7, 1991. See: 22 N.J.R. 2082(b), 23 N.J.R. 106(a).

APPENDIX

EXCESS PROFIT EXHIBITS—INSTRUCTIONS

In all Exhibits, dollars are stated as whole numbers, and ratios are expressed as decimals to the third decimal place. Where a three-year sum is expressed as a ratio, the ratio required is the ratio of three years' dollar figures and not the sum of the three ratios. The Exhibits attached are 2002 exhibits. Where exhibits for later years must be reported, the filer is required to submit Exhibits which are substantially similar to the attached Exhibits to report the later years' data and which contain all information, including dates, adjusted accordingly.

INPUT SHEET

The Input Sheet consists of four sections:

Section A is for the Bodily Injury Liability, Medical Payments coverages and Uninsured/Underinsured Motorist coverages (BI/UM).

Section B is for the Property Damage Liability coverage (PD).

Section C is for the Personal Injury Protection (PIP).

Section D is for Comprehensive, Collision and other miscellaneous Physical Damage coverages (Phys Dam).

Enter the data in the appropriate sections as described below. The instructions apply uniformly to each of the four sections except where noted.

Exhibit One

All data in Exhibit One is from Page 15 for CY 2001 through 1994.

• Col (1): Direct Written Premium

Item 1: Written Premium.

Item 2: That portion of assessments paid by the company to the UCJF relating to private passenger automobile insurance (applicable for PIP only).

Items 3a through 3f: Data for Motorcycles, Off Road Vehicles, Motor Homes, Antique Autos, Excess Liability and Finance & Service Charges, respectively. This data shall be listed only if it is included as part of Item 1 above.

Col (2): Direct Earned Premium

Item 1: Earned Premium.

Item 2: same definition as Col (1).

Items 3a through 3f: same definition as in Col (1).

• Col (3A): Paid Dividends

Item 1: Paid Dividends, including Excess Profit Refunds.

Items 3a through 3e: Data for Motorcycles, Off Road Vehicles, Motor Homes, Antique Autos and Excess Liability, respectively. This data shall be listed only if it is included as part of Item 1 above.

• Col (3B): Declared, but Unpaid Dividends

Item 1: Declared, but Unpaid Dividends, including Excess Profit Refunds.

Items 3a through 3e: same definition as in Col (3A).

• Col (4): Direct Unearned Premium Reserve

Item 1: Unearned Premium Reserve.

Items 3a through 3e: same definition as in Col (3A).

• Col (5): Direct Paid Loss

Item 1: Paid Loss.

Item 2: Excess Medical Benefits reimbursed to the company from the UCJF relating to private passenger automobile insurance (applicable for PIP only).

Items 3a through 3e: same definition as in Col (3A).

• Col (6): Direct Incurred Loss

Item 1: Incurred Loss (Case plus Bulk/IBNR).

Item 2: Excess Medical Benefits reimbursed to the company from the UCJF relating to private passenger automobile insurance (applicable for PIP only).

Items 3a through 3e: same definition as in Col (3A).

• Col (7): Direct Unpaid Loss

Item 1: Unpaid Loss (Case plus Bulk/IBNR).

Item 2: Excess Medical Benefits reimbursed to the company from the UCJF relating to private passenger automobile insurance (applicable for PIP only).

Items 3a through 3e: same definition as in Col (3A).

• Col (8): Direct Paid ALAE

Item 1: Paid ALAE

Items 3a through 3e: same definition as in Col (3A).

• Col (9): Direct Incurred ALAE

Item 1: Incurred ALAE (Case plus Bulk/IBNR).

Items 3a through 3e: same definition as in Col (3A).

Col (10): Direct Unpaid ALAE

Item 1: Unpaid ALAE (Case plus Bulk/IBNR).

Items 3a through 3e: same definition as in Col (3A).

Exhibit Two, Part One

All data in Exhibit Two, Part One is the allocation of CY data from Page 15 to AYs 2001 through 1994.

- Col (1): Incremental Direct Paid Loss, by AY paid during each CY. The total of each column must equal Exhibit 1, Col (5), Item 1 less the sum of Items 3a-3e for each corresponding CY.
- Col (3A): Direct Unpaid Case Loss by AY as of each CY end.
 - Col (3B): Direct Unpaid Bulk/IBNR Loss by AY as of each CY end. The total of each column for Col (3A) and Col (3B) combined must equal Exhibit 1, Col (7), Item 1 less the sum of Items 3a–3e for each corresponding CY.
- Col (5): Incremental Direct Paid ALAE by AY paid during each CY. The total of each column must equal Exhibit 1, Col (8), Item 1 less the sum of Items 3a-3e for each corresponding CY.
- Col (7A): Direct Unpaid Case ALAE by AY as of each CY end.
 - Col (7B): Direct Unpaid Bulk/IBNR ALAE by AY as of each CY end. The total of each column for Col (7A) and Col (7B) combined must equal Exhibit 1, Col (10), Item 1 less the sum of Items 3a–3e for each corresponding CY.

Exhibit Two, Part Two

All data in Exhibit Two, Part Two is the allocation of data from the first calendar quarter to AYs 2002 through 1995.

- Col (10): Incremental Direct Paid Loss by AY paid during the first calendar quarter of each year.
- the first calendar quarter of each year.
 Col (12A): Direct Unpaid Case Loss by AY as of the end of the first calendar quarter of each year.
 - Col (12B): Direct Unpaid Bulk/IBNR Loss by AY as of the end of the first calendar quarter of each year.
- Col (14): Incremental Direct Paid ALAE by AY paid during the first calendar quarter of each year.
- Col (16A): Direct Unpaid Case ALAE by AY as of the end of the first calendar quarter of each year.
 - Col (16B): Direct Unpaid Bulk/IBNR ALAE by AY as of the end of the first calendar quarter of each year.

Exhibit Two, Part Three

All data in Exhibit Two, Part Three is from Part III of the countrywide Insurance Expense Exhibit (IEE) for CYs 2001 through 1997 and is for BI/UM/PD/PIP and Phys Dam coverages only.

- Col (19): Direct Incurred Loss
- Col (20): Direct Incurred ALAE
- Col (22): Direct Incurred ULAE

Exhibit Three

Enter the tail factor for Incurred Loss and ALAE @ 99 months to ultimate, for BI/UM and PIP coverages only. If the tail factor is greater than 1.000 provide documentation.

Exhibit Four

All data in Exhibit Four, Col (1) is from Part III of the countrywide Insurance Expense Exhibit (IEE) for CYs 2001 through 1999 and is for BI/UM/PD/PIP and Phys Dam coverages only.

- Col (1), Item 1: Direct Written Premium
- Col (1), Item 2: Direct Earned Premium
- Col (1), Item 3: Direct Other Acquisition Expense
- Col (1), Item 4: Direct General Expense
- Col (1), Item 5: Direct Commission & Brokerage Expense
- Col (1), Item 6: Direct Taxes, Licenses & Fees

All data in Exhibit Four, Col (3) is from Page 15 for CYs 2001 through 1999. For the BI/UM and PD coverages, data reported on Line 19.2 is to be split and listed under the appropriate section.

- Col (2), Item 5: Direct Commission & Brokerage Expense
- Col (2), Item 6: Direct Taxes, Licenses & Fees
- Col (2), Item 8: LAD Fees Paid

Exhibit Five

All data in Exhibit Five is countrywide for CYs 2001 through 1998 and is not split by coverage.

- Part 1, Item 1: Agents Balance
- Part 1, Item 2: Unearned Premium Reserve
- Part 2, Item 1: Interest, Dividends and Real Estate Income
- Part 2, Item 2.1: Investment Expense Incurred
- Part 2, Item 2.2: Depreciation on Real Estate
- Part 2, Item 2.3: Unaffiliated Preferred Stock
- Part 2, Item 2.4: Affiliated Preferred Stock
- Part 2, Item 2.5: Unaffiliated Common Stock
- Part 2, Item 2.6: Affiliated Common Stock
- Part 2, Item 2.7: Other Invested Assets
- Part 2, Item 2.8: Real Estate for Company's Own Occupancy
- Part 2, Item 4.1: Bonds Acquired
- Part 2, Item 4.2: Mortgage Loans on Real Estate
- Part 2, Item 4.3: Real Estate Acquired
- Part 2, Item 4.4: Collateral Loans
- Part 2, Item 4.5: Cash on Hand and on Deposit
- Part 2, Item 4.6: Short Term Investments
- Part 2, Item 4.7: Derivative Investments

Exhibit Six

All data in Exhibit Six is for the New Jersey Automobile Insurance Risk Exchange (NJ AIRE) and is AYs 2000 through 1994, evaluated @ 15 months and an estimate for AY 2001 (applicable for BI/UM only).

Part 1: AIRE Allocation by AY received during the CY, as reported on the NJ AIRE Form 3 Reimbursement Report. Data for the latest AY shall be the company's best estimate; plus AIRE Investment Income by AY received during the CY, as reported on the NJ AIRE Annual Cash Settlement True Up Report. Data for the latest AY shall be the company's best estimate.

 Part 4: AIRE Assessment by AY paid during the CY, as reported on the NJ AIRE Form 3 Reimbursement Report. Data for the current AY shall be the company's best estimate.

Exhibit Seven

All data in Exhibit 7 is for New Jersey business only and is for the CYs 2002 through 1986.

- Item 1: List any excess profit refund paid in the applicable CYs
- Item 2: List any carry forward used in the applicable AYs.

Exhibit Eight

All data in Exhibit 8, except for Item 23, is generated from other exhibits.

• Item 23: State whether or not the insurer is part of an insurance company holding system.

EXHIBIT ONE

Exhibit One removes UCJF Assessments, Excess Medical Benefit Reimbursements and other exclusions from Statewide premiums, losses and allocated loss adjustment expenses. Exhibit One consists of 32 sheets, one for each coverage for each of 8 CYs, beginning the year immediately prior to the year of submission and is uniform across all coverages.

For all columns, Item 3 is the sum of Items 3a-3f for premiums and Items 3a-3e for loss and ALAE from the Input Sheet. Item 4 is Item 1 Item 2 Item 3.

For Col (3), Item 5A is the excess profit refund paid listed in the Exhibit Seven portion of the Input Sheet. Item 5B = Item 4 Item 5A.

EXHIBIT TWO

Exhibit Two allocates CY Case Incurred Loss and ALAE to AYs and is uniform across all coverages.

Col (1) is the incremental Paid Loss for each AY in that CY only, taken from the Input Sheet.

Col (2) is the cumulative Paid Loss for each AY up to and including that CY.

Col (3) is the Case Unpaid Loss for each AY as of the end of that CY, taken from the Input Sheet.

$$Col(4) = Col(2) + Col(3).$$

Col (5) is the incremental Paid ALAE for each AY in that CY only, taken from the Input Sheet.

Col (6) is the cumulative Paid ALAE for each AY up to and including that CY.

Col (7) is the Case Unpaid ALAE for each AY as of the end of that CY, taken from the Input Sheet.

$$Col(8) = Col(6) + Col(7).$$

$$Col(9) = Col(4) + Col(8).$$

Col (10) is the incremental Paid Loss for each AY in the first quarter of that CY only, taken from the Input Sheet.

Col (11) = Col (2) + Col (10). For the most recent accident quarter, it is simply Col (10).

Col (12) is the Case Unpaid Loss for each AY as of the end of the first calendar quarter, taken from the Input Sheet.

$$Col(13) = Col(11) + Col(12).$$

Col (14) is the incremental Paid ALAE for each AY in the first quarter of that CY only, taken from the Input Sheet.

Col (15) = Col (6) + Col (14). For the most recent accident quarter, it is simply Col (14).

Col (16) is the Case Unpaid ALAE for each AY as of the end of the first calendar quarter, taken from the Input Sheet.

$$Col(17) = Col(15) + Col(16).$$

$$Col(18) = Col(13) + Col(17).$$

Col (19) through Col (23) are applicable only for Sheets 1 through 3 for each coverage.

Col (19) is the countrywide Direct Incurred Loss for that CY, taken from the Input Sheet.

Col (20) is the countrywide Direct Incurred ALAE for that CY, taken from the Input Sheet.

$$Col(21) = Col(19) + Col(20).$$

Col (22) is the countrywide Direct Incurred ULAE for that CY, taken from the Input Sheet.

Col (23) = Col (22) (Col (21). The ULAE factor is the sum of one and the straight three-year average of the ratios, limited by a minimum of 1.05 and a maximum of 1.30.

EXHIBIT THREE

Exhibit Three shows the "development triangles" of Case Incurred Loss and ALAE for each coverage.

For each Part 2 and 5, any development factor that results in a division by zero shall instead not be considered in the calculation of loss development factors.

Part 1

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Evaluations are 15, 27, 39, 51, 63, 75, 87 and 99 months for BI/UM and PIP coverages and 15, 27, 39 and 51 months for PD and Phys Dam coverages.

This part is derived from Exhibit 2, Col (18).

- AY 2001 @ 15 months = Sheet 1, AY 2001.
- AY 2000 @ 15 months = Sheet 2, AY 2000.
- AY 2000 @ 27 months = Sheet 1, AY 2000.
- AY 1999 @ 15 months = Sheet 3, AY 1999.
- AY 1999 @ 27 months = Sheet 2, AY 1999.
- AY 1999 @ 39 months = Sheet 1, AY 1999.
- And so on through AY 1994 @ 99 months for BI/UM and PIP coverages and through AY 1994 @ 51 months for PD and Phys Dam coverages.

Part 2

Development factors are through 87–99 months for BI/UM and PIP coverages and through 39–51 months for PD and Phys Dam coverages.

- AY 2000 @ 15–27 months = Part 1, AY 2000 @ 27 months (Part 1, AY 2000 @ 15 months.
- AY 1999 @ 15-27 months = Part 1, AY 1999 @ 27 months (Part 1, AY 1999 @ 15 months.
- AY 1999 @ 27-39 months = Part 1, AY 1999 @ 39 months (Part 1, AY 1999 @ 27 months.
- And so on through AY 1994 @ 87-99 months for BI/UM coverages and through AY 1994 @ 39-51 months for PD and Phys Dam coverages.

For BI/UM and PIP coverages:

- Col (A), is the straight average of all non-zero development factors, excluding the maximum and minimum for 15-27, 27-39, 39-51 and 51-63 months and the straight average of all non-zero development factors for 63-75, 75-87 and 87-99 months.
- Col (A), Tail Factor @ 99 months to ultimate factor entered in the Input Sheet, if greater than one, otherwise it is the greater of one and the square root of the product of Col (A) @ 75-87 months and Col (A) @ 87-99 months.
- Col (B) Tail Factor = Col (A), Tail Factor.
- Col (B) @ 87 months to ultimate = Col (B), Tail Factor x Col (A) @ 87–99 months.
- Col (B) @ 75 months to ultimate = Col (B) @ 87 months to ultimate x Col (A) @ 75–87 months.
- Col (B) @ 63 months to ultimate = Col (B) @ 75 months to ultimate x Col (A) 63-75 months.
- And so on through 15 months to ultimate.

For PD and Phys Dam coverages:

- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum.
- Col (B) @ 39 months to ultimate = Col (A) @ 39-51 months.
- Col (B) @ 27 months to ultimate = Col (B) @ 39 months to ultimate x Col (A) @ 27-39 months.
- Col (B) @ 15 months to ultimate = Col (B) @ 27 months to ultimate x Col (A) @ 15-27 months.

Part 3

Development is for AYs 2001 through 1995 for BI/UM and PIP coverages and for AYs 2001 through 1998 for PD and Phys Dam coverages.

- Col (1), AY 2001 = Part 1, AY 2001 @ 15 months.
- Col (1), AY 2000 = Part 1, AY 2000 @ 27 months.
- And so on through AY 1995 for BI/UM and PIP coverages and through AY 1998 for PD and Phys Dam coverages.
- Col (2), AY 2001 = Part 2, Col (B) @ 15 months to ultimate.
- Col (2), AY 2000 = Part 2, Col (B) @ 27 months to ultimate.
- And so on through AY 1995 for BI/UM and PIP coverages and through AY 1998 for PD and Phys Dam coverages.
- $Col(3) = Col(1) \times Col(2)$.

Part 4

Evaluations are 15, 27, 39, 51, 63, 75 and 87 months for BI/UM and PIP coverages and 15, 27 and 51 months for PD and Phys Dam coverages.

- AY 2000 @ 15 months = Part 1, AY 2000 @ 15 months.
- AY 1999 @ 15 months = Part 1, AY 1999 @ 15 months.
- AY 1999 @ 27 months = Part 1, AY 1999 @ 27 months.
- And so on through AY 1994 @ 87 months for BI/UM and PIP coverages and through AY 1994 @ 51 months for PD and Phys Dam coverages.

Part 5

Development factors are through 75–87 months for BI/UM and PIP coverages and through 39–51 months for PD and Phys Dam coverages.

- AY 1999 @ 15-27 months = Part 4, AY 1999 @ 27 months (Part 4, AY 1999 @ 15 months.
- AY 1998 @ 15-27 months = Part 4, AY 1998 @ 27 months (Part 4, AY 1998 @ 15 months.
- AY 1998 @ 27-39 months = Part 4, AY 1998 @ 39 months (Part 4, AY 1998 @ 27 months.
- And so on through AY 1994 @ 75-87 months for BI/UM coverages and through AY 1994 @ 39-51 months for PD and Phys Dam coverages.

For BI/UM and PIP coverages:

- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum for 15-27, 27-39 and 39-51 months and the straight average of all non-zero development factors for 51-63, 63-75 and 75-87 months.
- Col (A), Tail Factor = 99 months to ultimate factor entered in the Input Sheet x Part 2, Col (A) @ 87-99 months, if the Tail Factor is greater than one, otherwise it is the larger of one and the square root of the product of Col (A) @ 63-75 months and Col (A) @ 75-87 months otherwise.
- Col (B) Tail Factor = Col (A), Tail Factor.
- Col (B) @ 75 months to ultimate = Col (B), Tail Factor x Col (A) @ 75-87 months.
- Col (B) @ 63 months to ultimate = Col (B) @ 75 months to ultimate x Col (A) @ 63–75 months.
- Col (B) @ 51 months to ultimate = Col (B) @ 63 months to ultimate x Col (A) 51-63 months.

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• And so on through 15 months to ultimate.

For PD and Phys Dam coverages:

- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum.
- Col (B) @ 39 months to ultimate = Col (A) @ 39-51 months.
- Col (B) @ 27 months to ultimate = Col (B) @ 39 months to ultimate x Col (A) @ 27-39 months.
- Col (B) @ 15 months to ultimate = Col (B) @ 27 months to ultimate x Col (A) @ 15-27 months.

Part 6

Development of AYs 1998 through 1995 for BI/UM and PIP coverages and AYs 1998 for PD and Phys Dam coverages.

- Col (1), AY 1998 = Part 1, AY 1998 @ 51 months.
- Col (1), AY 1997 = Part 1, AY 1997 @ 63 months, for BI/UM and PIP coverages only.
- Col (1), AY 1996 = Part 1, AY 1996 @ 75 months, for BI/UM and PIP coverages only.
- Col (1), AY 1995 = Part 1, AY 1995 @ 87 months, for BI/UM and PIP coverages only.
- Col (2), AY 1998 = Part 2, Col (B) @ 51 months to ultimate.
- Col (2), AY 1997 = Part 2, Col (B) @ 63 months to ultimate.
- Col (2), AY 1996 = Part 2, Col (B) @ 75 months to ultimate.
- Col (2), AY 1995 = Part 2, Col (B) @ 87 months to ultimate.
- $Col(3) = Col(1) \times Col(2)$.
- Col (4), AY 1998 = Part 4, AY 1998 @ 39 months.
- Col (4), AY 1997 = Part 4, AY 1997 @ 51 months, for BI/UM and PIP coverages only.
- Col (4), AY 1996 = Part 4, AY 1996 @ 63 months, for BI/UM and PIP coverages only.
- Col (4), AY 1995 = Part 4, AY 1995 @ 75 months, for BI/UM and PIP coverages only.
- Col (5), AY 1998 = Part 5, Col (B) @ 39 months to ultimate.
- Col (5), AY 1997 = Part 5, Col (B) @ 51 months to ultimate, for BI/UM and PIP coverages only.
- Col (5), AY 1996 = Part 5, Col (B) @ 63 months to ultimate, for BI/UM and PIP coverages only.
- Col (5), AY 1995 = Part 5, Col (B) @ 75 months to ultimate, for BI/UM and PIP coverages only.
- $Col(6) = Col(4) \times Col(5)$.
- Col (7) = Col (3) Col (6). Total Development Adjustment is the sum of Col (7), AYs 1998–1995 for BI/UM and PIP coverages, and Col (7), AY 1998 for PD and Phys Dam coverages.

EXHIBIT FOUR

Exhibit Four, Part 1 shows countrywide direct premiums and expenses from Part III of the statutory Insurance Expense Exhibit. Exhibit Four includes each of the three years immediately preceding the year of submission.

Exhibit Four, Part 2 shows New Jersey direct premiums and expenses from Page 15 for each of the three years immediately preceding the year of submission . .

- Part 1, Col (1), Items 1 through 6 are Direct Written Premium, Direct Earned Premium, Direct Other Acquisition Expense, Direct General Expense, Direct Commission & Brokerage and Direct Taxes, Licenses, and Fees, respectively, from the Input Sheet.
- Part 1, Col (1), Item 7 = ½ x [(Col (1), Item 3 Col (1), Item 4)].
- Part 1, Col (2), Item 3 = Col (1), Item $3 \div \text{Col } (1)$, Item 2.
- Part 1, Col (2), Item 4 = Col (1), Item $4 \div \text{Col } (1)$, Item 2.
- Part 1, Col (2), Item 5 = Col (1), Item $5 \div \text{Col } (1)$, Item 1.
- Part 1, Col (2), Item 6 = Col (1), Item $6 \div \text{Col } (1)$, Item 1.
- Part 1, Col (2), Item 7 = Col (1), Item $7 \div \text{Col } (1)$, Item 2.
- Part 2, Col (3), Item 1 = Exhibit 1, Col (1), Item 4.
- Part 2, Col (3), Item 2 = Exhibit 1, Col (2), Item 4.
- Part 2, Col (3), Item 3 = Col (3), Item 2 x Col (2), Item 3.
- Part 2, Col (3), Item 4 = Col (3), Item 2 x Col (2), Item 4.
- Part 2, Col (3), Item 5 is from the Input Sheet.
- Part 2, Col (3), Item 6 is from the Input Sheet.
- Part 2, Col (3), Item 7 = ½ x [Col (3), Item 3 Col (3), Item 4)]
- Part 2, Col (3), Item 8 is from the Input Sheet.
- Part 2, Col (4), Item 3 = Col (3), Item $3 \div \text{Col } (3)$, Item 2.
- Part 2, Col (4), Item 4 = Col (3), Item $4 \div \text{Col (3)}$, Item 2.
- Part 2, Col (4), Item 5 = Col (3), Item $5 \div \text{Col } (3)$, Item 1.
- Part 2, Col (4), Item 6 = Col (3), Item $6 \div \text{Col (3)}$, Item 1.
- Part 2, Col (4), Item 7 = Col (3), Item 7 ÷ Col (3), Item 2.
 Part 2, Col (4), Item 8 = Col (3), Item 8 ÷ Col (3), Item 1.

EXHIBIT FIVE

Exhibit Five—Part One shows actual investment income attributable to New Jersey private passenger auto for the purpose of completing excess profit reports in each of the three calendar years covered by this report.

- Items 1 and 2 are from the Input Sheet.
- Item 3 = Item $1 \div \text{Item } 2$, with a maximum of 1.0.
- Item 4 = Exhibit 4, Col (3), Item 7.
- Item 5 = Exhibit 4, Col (3), Item 1.
- Item $6 = \text{Item } 4 \div \text{Item } 5$, with a maximum of 1.0.
- Item 7a for 2001 = Exhibit 1, CY 2000, Col (4), Item 4.
- Item 7a for 2000 = Exhibit 1, CY 1999, Col (4), Item 4.
- Item 7a for 1999 = Exhibit 1, CY 1998, Col (4), Item 4.
- Item 7b for 2001 = Exhibit 1, CY 2001, Col (4), Item 4.
- Item 7b for 2000 = Exhibit 1, CY 2000, Col (4), Item 4.
- Item 7a for 1999 = Exhibit 1, CY 1999, Col (4), Item 4.
- Item 7 = [Item 7a = Item 7b] / 2.
- Item 8 = Item 7 x [1 Item 3 Item 6] if positive, and zero otherwise.
- Item 9a for 2001 = Exhibit 1, CY 2000, Col (7), Item 4.
- Item 9a for 2000 = Exhibit 1, CY 1999, Col (7), Item 4.
- Item 9a for 1999 = Exhibit 1, CY 1998, Col (7), Item 4.
- Item 9b for 2001 = Exhibit 1, CY 2001, Col (7), Item 4.
- Item 9b for 2000 = Exhibit 1, CY 2000, Col (7), Item 4.
- Item 9b for 1999 = Exhibit 1, CY 1999, Col (7), Item 4.
- Item 9 = [Item 9a = Item 9b] / 2.
- Item 10a for 2001 = Exhibit 1, CY 2000, Col (10), Item 4.
- Item 10a for 2000 = Exhibit 1, CY 1999, Col (10), Item 4.
- Item 10a for 1999 = Exhibit 1, CY 1998, Col (10), Item 4.
- Item 10b for 2001 = Exhibit 1, CY 2001, Col (10), Item 4.
- Item 10b for 2000 = Exhibit 1, CY 2000, Col (10), Item 4.
- Item 10b for 1999 = Exhibit 1, CY 1999, Col (10), Item 4.
- Item 10 = [Item 10a Item 10b] / 2.
- Item 11 = Exhibit 2, Part 3, ULAE Factor.
- Item $12 = [\text{Item } 9 \iff \text{Item } 10] \times \text{Item } 11.$
- Item 13 = Item 8 + Item 12.

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- Item 14 = Part 2C, Item 8, 3 Year Total.
- Item 15 = Item 13 x Item 14.

Exhibit Five—Part Two. All data is from the countrywide statutory annual statement for investments purchased in each of the three calendar years covered by this report.

- Part 2A, Items 1 through 2.8 are from the Input Sheet.
- Part 2A, Item 2 = the sum of Part 2A, Items 2.1 through
 2.8
- Part 2A, Item 3 = the sum of Part 2A, Item 1 Part 2A, Item 2.
- Part 2B, Items 4.1 through 4.7 are from the Input Sheet.
- Part 2B, Item 4 = the sum of Part 2B, Items 4.1 through 4.7.
- Part 2B, Item $5 = \frac{1}{2}$ x Part 2B, Item 4.
- Part 2C, Item 6 = Part 2A, Item 3.
- Part 2C, Item 7 = Part 2B, Item 5.
- Part 2C, Item 8 = Part 2C, Item 6 (Part 2C, Item 7.

EXHIBIT SIX

Exhibit Six—Part One shows the accumulated AIRE Allocation and Investment Income received by the insurer for each accident year as of the various stages of development, as derived from the Assessment Allocation column in the Statewide Company Annual Cash Settlement Report issued by ISO to AIRE member companies added to the Investment Income column in the Annual Cash Settlement True Up Report issued by ISO to AIRE member companies. This exhibit applies only to the BI/UM coverage.

For each Part 2 and 5, any development factor that results in a division by zero shall instead not be considered in the calculation of AIRE development factors.

Part 1

Evaluations are 15, 27, 39, 51, 63, 75 and 87 months.

All values in Part 1 is the cumulative of the Allocation and Investment Income received for the appropriate AYs.

Part 2

Evaluations are through 75–87 months.

- AY 2000 @ 15-27 months = Part 1, AY 2000 @ 27 months (Part 1, AY 2000 @ 15 months.
- AY 1999 @ 15-27 months = Part 1, AY 1999 @ 27 months (Part 1, AY 1999 @ 15 months.
- AY 1999 @ 27–39 months = Part 1, AY 1999 @ 39 months (Part 1, AY 1999 @ 27 months.
- And so on through AY 1995 @ 75–87 months.
- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum for 15-27, 27-39 and 39-51 and the straight average of all non-zero development factors for 51-63, 63-75 and 75-87 months.
- Col (B) @ 75 months to ultimate = Col (A) @ 75-87 months.
- Col (B) @ 63 months to ultimate = Col (B) @ 75 months to ultimate x Col (A) 63-75 months.
- And so on through 15 months to ultimate.

Part 3

Evaluations are for AY 2001, 2000 and 1999.

- Col (1), AY 2001 is the sum of the estimated AIRE Allocation and Investment Income @ 15 months as entered on the Input Sheet.
- Col (1), AY 2000 = Part 1 AY 2000 @ 15 months.
- Col (1), AY 1999 = Part 1 AY 1999 @ 27 months.
- Col (2), AY 2001 and AY 2000 = Part 2, Col (B) @ 15 months to ultimate.
- Col (2), AY 1999 = Part 2, Col (B) @ 27 months to ultimate.
- $Col(3) = Col(1) \times Col(2)$

Exhibit Six—Part Four shows the accumulated AIRE Assessment paid by the insurer for each accident year as of the various stages of development as derived from the Assessments at Present Rate column in the Annual Cash Settlement Report issued by ISO to AIRE member companies.

Parts 4-6

Parts 4-6 are substantially the same as Parts 1-3, with AIRE Assessment substituting for the sum of AIRE Allocation and Investment Income.

Part 7

- Col (1) = Part 3, Col (3)
- Col(2) = Part 6, Col(3)
- Col(3) = Col(1) Col(2)

EXHIBIT SEVEN

Exhibit Seven shows the excess profit paid in each of the last 17 CYs and carry forward used in each of the last 19 AYs by coverage along with the total.

Item 1 is the excess profit paid by the company as stated in the Input Sheet.

Items 2.1 through 2.19 are the carry forwards used in the applicable AYs as stated in the Input Sheet.

Item 2 is the total of Items 2.1 through 2.19.

Item 3 = Item 1 Item 3.

EXHIBIT EIGHT

Exhibit Eight uses the data developed in Exhibits One through Seven to calculate excess profit for AYs 1999, 2000 and 2001, as well as a three-year total.

- Item 1 = Exhibit 1, Col (1), Item 4.
- Item 2 = Exhibit 1, Col (2), Item 4.
- Item 3 = Exhibit 1, Col (3), Item 5b.
- Item 4 = Exhibit 6, Part 7, Col (3) for BI/UM and zero for all other coverages.
- Item 5 = Item 2 Item 3 + Item 4.
- Item 6 = Exhibit 3, Part 3, Col (3).
- Item 7 = Exhibit 2, Part 3, ULAE Factor.

- Item $8 = \text{Item } 6 \times \text{Item } 7$.
- Item 9 = Item 8 (Item 5.
- Item 10 = Exhibit 4, Col (3), Item 5.
- Item 11 = Exhibit 4, Col (3), Item 3.
- Item 12 = Exhibit 4, Col (3), Item 4.
- Item 13 = Exhibit 4, Col (3), Item 6.
- Item 14a = Exhibit 4, Col (3), Item 8.
- Item 14b = 50 percent.
- Item 14 = Item 14a x Item 14b.
- Item 15 = Item 10 + Item 11 + Item 12 + Item 13 + Item 14.
- Item 16 = Item 5 Item 8 Item 15
- Item 17 = Item 2 x Clifford Formula [3.5 percent divided by 1 minus the Federal corporation tax rate of 35 percent]
- Item 18 = Exhibit 5, Part 1, Item 15
- Item 19 = Items 16 Item 17 + Item 18
- Item 20 = Exhibit 3, Part 6, Col (7), for the three-year total only.
- Item 21 = Item 19 Item 20, for the three-year total only.
- Item 22 = Item 2 x Additional Non Excessive Profit Allowance [2.5 percent divided by 1 minus the Federal corporation tax rate of 35 percent].
- Item 23 = Item 2 x Holding Company Non Excessive Subsidization [0.5 percent]
- Item 24 = Item 21 Item 22 Item 23, for the three year total only

Item 25 = Exhibit 7, Item 2.

Item 26 = Item 24 - Item 25, for the three year total only.

Amended by R.2002 d.386, effective December 2, 2002. See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

N.J.A.C. 11:3–20 APPENDIX INPUT FORMS AND EXHIBITS

Introduction

The appendix contains the Input Forms that must be used by insurers in the submission of data as part of the excess profit report. The exact format contained herein must be used. In accordance with N.J.A.C. 11:3–20.4(a), insurers can receive a copy of these forms on a CD ROM together with the required formulas from the Department. These Input Forms are to be used for the following coverages: BI/UM, PD, PIP coverage and physical damage.

The Appendix also contains copies of Exhibit One to Exhibit Eight of the excess profit report. Once again, the format must be strictly followed. Copies can be obtained in accordance with N.J.A.C. 11:3–20.4(c).

2 0	Α	В																
2 0			C D	E		F		G BI/UM Liab		XXX				J	i_	K		L Charles
	Group Name:		Name #					PD Liab										Input Sheet Section A
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	ear Filed:		2002					TOTAL										
	car i nea.		2002					0172										
6 7																		
	xhibit 1							*****		Ca	lendar	Year						
		ual Statemen	t - NJ Page 15, Line 19.2 (BI/UM)		2001		2000		1999		998		1997	1	1996		1995	1994
			s (Items 3a-3f) only if the data is included in Item 1							_				_				
	Direct Writter	n Premium																
12	Col (1)	Item 1	Total		0		0		0		0		0		0		0	0
13	Col (1)	Item 2	UCJF Assessments	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
14	Col (1)	Item 3a	Motorcycles		0		0		0		0		0	•	0		0	0
15	Col (1)	Item 3b	Off-Road Vehicles		0		0		0		0		0		0		0	0
16	Col (1)	Item 3c	Motor Homes		0		0		0		0		0		0		0	0
17	Col (1)	Item 3d	Antique Auto		0		0		0		0		0		0		0	0
18	Col (1) Col (1)	Item 3e Item 3f	Excess Liability Finance & Service Charges		0		0		0		0		0		0		0	0
12 13 14 15 16 17 18 19 20	CG (1)	ilein Ji	i manue a service charges		U		U		U		U		U		U		U	U
# n	irect Earne	i Premium																
	Col (2)	Item 1	Total		0		0		0		0		0		0		0	n
23	Col (2)	Item 2	UCJF Assessments	XXX	-	XXX	-	XXX	•	XXX	•	XXX	-	XXX	•	XXX	•	xxx
24	Col (2)	Item 3a	Motorcycles		0		0	,,,,	0		0		0		0	,,,,	0	0
25	Col (2)	item 3b	Off-Road Vehicles		0		0		0		0		0		0		0	Ó
26	Col (2)	Item 3c	Motor Homes		0		0		0		0		0		0		0	0
22 23 24 25 26 27 28 29	Col (2)	Item 3d	Antique Auto		0		0		0		0		0		0		0	0
28	Col (2)	Item 3e	Excess Liability		0		0		0		0		0		0		0	0
29	Col (2)	ltem 3f	Finance & Service Charges		0		0		0		0		0		0		0	0
30				•														
			ss Profit Refunds)				_		_		_		_		_		_	_
32	Col (3A) Col (3A)	item 1	Total		0		0		0		0		0		0		0	0
33	Col (3A)	item 3a Item 3b	Motorcycles Off-Road Vehicles		0		0		0		0		0		0		0	0
34	Col (3A)	Item 3c	Motor Homes		0		0		0		0		0		0		0	0
36	Col (3A)	Item 3d	Antique Auto		0		0		0		0		0		0		0	0
37	Col (3A)	Item 3e	Excess Liability		0		Ö		ŏ		0		0		Ö		0	0
32 33 34 35 36 37 38	Je. ()				•		-		•		•		. •		•		•	ŭ
39 D	eclared, but	Unpaid Divi	dends (incl. Excess Profit Refunds)															
	Col (3B)	Item 1	Total		0		0		0		0		0		0		0	0
41	Col (3B)	Item 3a	Motorcycles		0		0		0		0		0		0		0	0
42	Col (3B)	Item 3b	Off-Road Vehicles		0		0		0		0		0		0		0	0
43	Col (3B)	Item 3c	Motor Homes		0		0		0		0		0		0		0	0
40 41 42 43 44 45	Col (3B)	Item 3d	Antique Auto		0		0		0		0		0		0		0	0
45	Col (3B)	Item 3e	Excess Liability		0		0		0		0		0		0		0	. 0
46	Name 4 4 1		B															•
47 D		ned Premium					•		•		•		•		•		•	
48 49 50 51 52 53	Col (4) Col (4)	Item 1 Item 3a	Total Motorcycles		0		0		0		0		0		0		0	0
20	Col (4)	item 3b	Off-Road Vehicles		0		0		0		n		0		0		0	0
51	Col (4)	Item 3c	Motor Homes		0		0		0		0		0		0		0	0
52	Col (4)	Item 3d	Antique Auto		0		0		0		0		0		0		0	0
53	Col (4)	Item 3e	Excess Liability		Ö		ő		0		0		0		ő		0	0
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56 57 58 59 60 61 62	Col (5)	Item 1	Total			0		0		0		0		0		0		0	0
57	Col (5)	Item 2	Excess Medical Benefits		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
58	Col (5)	Item 3a	Motorcycles			0		0		0		0		0		0		0	0
59	Col (5)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0	0
60	Col (5)	Item 3c	Motor Homes			0		0		0		0		0		0		0	0
61	Col (5)	Item 3d	Antique Auto			0		0		0		0		0		0		0	0
62	Col (5)	Item 3e	Excess Liability			0		0		0		0		0		0		0	0
63 64	Direct Incur	red I nee ICa	se + Bulk/IBNR)																
65	Col (6)	Item 1	Total			0		0		0		0		0		0		0	n
66	Col (6)	Item 2	Excess Medical Benefits		xxx	·	XXX	v	XXX	J	XXX	U	XXX	J	XXX	Ū	XXX	U	xxx
67	Col (6)	Item 3a	Motorcycles		,,,,	0		0	,,,,	0	,,,,	0	,,,,,	0	,,,,,	0	,,,,,	0	~~~
66 67 68 69 70 71 72	Col (6)	Item 3b	Off-Road Vehicles			Ö		Ö		ő		Ö		ő		o		ō	0
69	Col (6)	Item 3c	Motor Homes			Ō		ō		0		ō		Ō		ō		ō	ō
70	Col (6)	Item 3d	Antique Auto			0		0		0		0		0		0		0	0
71	Col (6)	Item 3e	Excess Liability			0		0		0		0		0		0		0	0
73			+ Bulk/IBNR)																
74	Col (7)	Item 1	Total			0		0		0		0		0		0		0	0
75	Col (7)	Item 2	Excess Medical Benefits		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
76	Col (7)	Item 3a	Motorcycles			0		0		0		0		0		0		0	0
77	Col (7)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0	0
78	Col (7)	Item 3c	Motor Homes			0		0		0		0		0		0		0	0
75 76 77 78 79 80	Col (7)	Item 3d	Antique Auto			0		0		0		0		0		0		0	0
81	Col (7)	Item 3e	Excess Liability			U		U		0		0		0		0		0	
82	Direct Paid I	Defense & Co	st Containment (ALAE)																
83	Col (8)	Item 1	Total			0		0		0		0		0		0		0	0
84	Col (8)	Item 3a	Motorcycles			ő		Õ		Ö		Ö		0		ō		0	Ö
85	Col (8)	Item 3b	Off-Road Vehicles			0		ō		ō		ō		Ö		ō		ō	0
86	Col (8)	Item 3c	Motor Homes			0		0		0		0		0		0		0	0
87	Col (8)	Item 3d	Antique Auto			0		0		0		0		0		0		ō	0
85 86 87 88	Col (8)	Item 3e	Excess Liability			0		0		0		0		0		0		0	0
89																			
90			se + Bulk/IBNR)																
91	Col (9)	Item 1	Total			0		0		0		0		0		0		0	0
92	Col (9)	Item 3a	Motorcycles			0		0		0		0		0		0		0	. 0
93	Col (9)	item 3b	Off-Road Vehicles			0		0		0		0		0		0		0	0
94	Col (9)	Item 3c	Motor Homes			0		0		0		0		0		0		0	0
92 93 94 95 96	Col (9) Col (9)	item 3d Item 3e	Antique Auto Excess Liability			0		0		0		0		0		0		0	0
97	COI (a)	item se	LACCOS LIGHTILY			U		U		U		U		U		U		U	U
98	Direct Uppel	id ALAF (Cae	e +Bulk/IBNR)																
99	Col (10)	Item 1	Total			0		0		0		0		0		0		0	0
100	Col (10)	Item 3a	Motorcycles			ŏ		Ö		Ö		Ö		0		0		Ö	ő
101	Col (10)	Item 3b	Off-Road Vehicles			ŏ		0		Ö		ō		Ö		Ö		Ö	o o
102	Col (10)	Item 3c	Motor Homes			ō		0		ō		ō		ō		Ö		ő	o
103	Col (10)	Item 3d	Antique Auto			0		0		0		0		0		0		0	ō
104	Col (10)	item 3e	Excess Liability			0		0		0		0		0		0		0	0
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7																	
07 Exhibit 2																	
	of Page 15 dat	a (from Exh 1) b	y Accident Year							r Year P							
09				2001		2000		1999	1	998	1	997		1996		1995	199
	tal Direct Paid L																
11 Col (1		aid in the CY		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
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13 Col (1		aid in the CY		0		0		0	XXX		XXX		XXX		XXX		XXX
14 Coi (1		aid in the CY		0		0		0		0	XXX		XXX		XXX		XXX
15 Col (1)		aid in the CY		0		0		0		0		0	XXX	_	XXX		XXX
16 Col (1)		aid in the CY		0		0		0		0		0		0	XXX	_	XXX
17 Col (1)		aid in the CY		0		0		0		0		0		0		0	XXX
18 Col (1)		aid in the CY		. 0		0		0		0		0		0		0	
19 Col (1)		prior, Paid in the	CY	<u>o</u>		0		0		0		0		ō		<u>o</u>	
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22																	
23 Direct Un	paid Case Loss		-4 CV	•	vvvi		ww		VVV		vvv		vvv		VVV		VVV
24 Col (3A		npaid at the end		0	XXX	•	XXX		XXX		XXX		XXX		XXX		XXX
25 Col (3A 26 Col (3A		npaid at the end		0		0	***	0	XXX		XXX		XXX		XXX		XXX
26 Col (3A 27 Col (3A		npaid at the end		0		0		0	~~~	0	XXX		XXX		XXX		XXX
28 Col (3A		npaid at the end		0		0		0		0	~~~	0	XXX		XXX		XXX
29 Col (3A		npaid at the end		0		0		0		0		0	~~~	0	XXX		XXX
30 Col (3A		npaid at the end		0		0		0		n		0		ő	~~~	0	XXX
31 Col (3A		npaid at the end		ő		0		0		Ô		0		0		ő	7001
32 Col (3A		prior. Unpaid at the		<u>o</u>		ō		Õ		<u>o</u>		<u>0</u>		<u>o</u>			
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37 Col (3B		npaid at the end		0		0	XXX		XXX		XXX		XXX		XXX		XXX
38 Col (3B) AY 1999, U	npaid at the end	of CY	0	•	0		0	XXX		XXX		XXX		XXX		XXX
39 Col (3B		npaid at the end		0		0		0		0	XXX		XXX		XXX		XXX
60 Col (3B) AY 1997, U	npaid at the end	of CY	0		0		0		0		0	XXX		XXX		XXX
41 Col (3B) AY 1996, U	npaid at the end	of CY	0		0		0		0		0		0	XXX		XXX
42 Col (3B		npaid at the end		0		0		0		0		0		0		0	XXX
43 Col (3B		npaid at the end		0		0		0		0		0		0		0	
44 Col (3B		prior, Unpaid at t	ne end of CY	<u>0</u>		<u>o</u>		<u>0</u>		<u>0</u>		<u>o</u>		<u>0</u>		<u>0</u>	
36 Col (38 37 Col (38 38 38 Col (38 38 40 Col (38 41 Col (38 41 Col (38 42 Col (38 44 41 Col (38 44 41 Col (38 44 41 61 Col (38 44 41 61 61 61 61 61 61 61 61 61 61 61 61 61	Total			0		0		0		0		0		0		0	
47	Total Col (3	A) + Col (3B)		0		0		0		0		0		0		0	
48	Exhibit 1, C			o		Ö		Ö		ŏ		Ö		ő		ŏ	
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5 6 7																				- 1
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	Col (5)	AY 2001. Paid in the C	,			0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	ı
152	Col (5)	AY 2000, Paid in the CY				ō		0	XXX		XXX		XXX		XXX		XXX		XXX	- 1
153	Col (5)	AY 1999, Paid in the CY				ō		Ō		0	XXX		XXX		XXX		XXX		XXX	- 1
154	Col (5)	AY 1998, Paid in the CY				Ō		0		Ō		0	XXX		XXX		XXX		XXX	- 1
155	Col (5)	AY 1997, Paid in the C\				0		0		0		Ō		0	XXX		XXX		XXX	- 1
156	Col (5)	AY 1996, Paid in the CY				0		0		0		0		0		0	XXX		XXX	ı
157	Col (5)	AY 1995, Paid in the C				Ō		0		Ō		ō		Ō		ō		0	XXX	ı
158	Col (5)	AY 1994, Paid in the CY				0		0		0		0		0		0		0		o
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160		Total				ō		ō		ō		ō		ō		ō		õ		ō
161		Exhibit 1, Col (8)				0		0		0		0		0		0		0		o
162		. , ,																		1
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164 165 166 167	Col (7A)	AY 2001, Unpaid at the	end of CY			0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	- 1
165	Col (7A)	AY 2000, Unpaid at the	end of CY			0		0	XXX		XXX		XXX		XXX		XXX		XXX	
166	Col (7A)	AY 1999, Unpaid at the	end of CY			0		0		0	XXX		XXX		XXX		XXX		XXX	- 1
167	Col (7A)	AY 1998, Unpaid at the	end of CY			0		0		0		0	XXX		XXX		XXX		XXX	- 1
168	Col (7A)	AY 1997, Unpaid at the	end of CY			0		0		0		0		0	XXX		XXX		XXX	- 1
169	Col (7A)	AY 1996, Unpaid at the	end of CY			0		0		0		0		0		0	XXX		XXX	- 1
170	Col (7A)	AY 1995, Unpaid at the	end of CY			0		0		0		0		0		0		0	XXX	- 1
171	Col (7A)	AY 1994, Unpaid at the				0		0		0		0		0		0		0		0
172	Col (7A)	AY 1993 & prior, Unpaid	at the end of CY			<u>0</u>		<u>o</u>		<u>o</u>		<u>o</u>		<u>o</u>		<u>0</u>		<u>o</u>		0
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		d Bulk/IBNR ALAE																		- 1
176	Col (7B)	AY 2001, Unpaid at the				0	XXX	_	XXX		XXX		XXX		XXX		XXX		XXX	Į
177 178	Col (7B)	AY 2000, Unpaid at the				0		0	XXX	_	XXX		XXX		XXX		XXX		XXX	ı
178	Col (7B)	AY 1999, Unpaid at the				0		0		0	XXX	_	XXX		XXX		XXX		XXX	1
179 180	Col (7B)	AY 1998, Unpaid at the				0		0		0		0	XXX	•	XXX		XXX		XXX	ı
180	Col (7B)	AY 1997, Unpaid at the				0		0		0		0		0	XXX		XXX		XXX	- 1
181	Col (7B)	AY 1996, Unpaid at the				0		0		O N		0		0		0	XXX	0	XXX	ı
182	Col (7B)	AY 1995, Unpaid at the				0		0		0		0		0		0		0	***	اء
183	Col (7B)	AY 1994, Unpaid at the				•		•		•		•		•		•				씱
184	Col (7B)	AY 1993 & prior, Unpaid	at the end of CY			<u>0</u>		0		. <u>0</u>		0		<u>0</u>		<u>0</u>		<u>o</u>		띡
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186		Total Cal (7A) + Cal (77				0		0		0		0		0		0		0		اہ
187 188		Total Col (7A) + Col (7E	"			0		0		0		0		0		0		0		ᅦ
		Exhibit 1, Col (10)				<u> </u>				<u> </u>						<u> </u>		<u> </u>		씍
189 190																				
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191	Exhibit 2 - Pa	art 2															
192	Allocation of	Calendar Qua	rter 1, by Accid	ent Year	_					First Quar	ter Paid Loss						
193						1Q 2002	1Q:	2001	1Q 2000	1Q 1999	<u>1Q 1</u>	1998	1Q 1	997	1Q 1	996	1Q 1995
194		Direct Paid Lo															
195	Col (10)	AY 2002, Pai				, 0	XXX		XXX	XXX	XXX		XXX		XXX		XXX
196	Col (10)	AY 2001, Pai				0		0	XXX	XXX	XXX		XXX		XXX		XXX
197	Col (10)	AY 2000, Pai				0		0	0	XXX	XXX		XXX		XXX		XXX
196 197 198 199 200 201 202 203 204 205 206	Col (10)	AY 1999, Pair				0		0	0) XXX	_	XXX		XXX		XXX
199	Col (10)	AY 1998, Pai				0		0	0)	0	XXX	_	XXX		XXX
200	Col (10)	AY 1997, Pai				0		0	0	(-	0		0	XXX	•	XXX
201	Col (10) Col (10)	AY 1996, Paid AY 1995, Paid				0		0	0	()	0		0		0	xxx
202	Col (10)	AY 1995, Paid				0		0	0	(•	0		0		0	0
203	Col (10)		or, Paid in the C	•		<u>0</u>		-	•	-	-	-		•		-	0
204	Ca (10)	Total	or, Palo III ule C	<u>u</u>		<u>0</u>		<u>o</u>	<u>o</u>		<u>)</u>	<u>o</u>		<u>0</u>		<u>0</u>	<u>u</u>
200		Total				·		U	v	,	•	v		v		Ü	U,
207	Direct Unpai	d Case Loss															,
208	Col (12A)		aid at the end of	CO		0	XXX		XXX	XXX	XXX		XXX		XXX		xxx
209	Col (12A)		aid at the end of			ō	,,,,,	0	XXX	XXX	XXX		XXX		XXX		XXX
210 211 212 213	Col (12A)	AY 2000, Unp	aid at the end of	CQ		0		0	0	XXX	XXX		XXX		XXX		XXX
211	Col (12A)	AY 1999, Unp	aid at the end of	CQ		0		0	0	C			XXX		XXX		XXX
212	Col (12A)	AY 1998, Unp	aid at the end of	CQ		0		0	0	C)	0	XXX		XXX		XXX
213	Col (12A)	AY 1997, Unp	aid at the end of	CQ		0		0	0	C)	0		0	XXX		XXX
214	Col (12A)		aid at the end of			0		0	0	C	•	0		0		0	XXX
214 215 216 217 218	Col (12A)		aid at the end of			0		0	0	C	•	0		0		0	0
216	Col (12A)		aid at the end of			0		0	0	C	•	0		0		0	0
217	Col (12A)		or. Unpaid at the	end of CQ		<u>0</u>		<u>o</u>	<u>o</u>	9		<u>0</u>		0		<u>o</u>	0
218		Total				0		0	0	C)	0		0		0	0
	Diseas House	- D															
221	Col (12B)	d Bulk/IBNR Lo	<u>rss</u> aid at the end of	· CO		0	XXX		xxx	xxx	XXX		xxx		xxx		xxx
222	Col (12B)		aid at the end of			0	~~~	0	XXX	×××	XXX		XXX		XXX		XXX
223	Col (12B)		aid at the end of			0		0	~~ 0	XXX	XXX		XXX		XXX		XXX
224	Col (12B)		aid at the end of			0		0	0	~~~			XXX		XXX		XXX
225	Col (12B)		aid at the end of			Ö		ő	0	č		0	XXX		XXX		XXX
226	Col (12B)		aid at the end of			ő		ő	ő	č	•	Ö	,,,,,	0	XXX		XXX
227	Col (12B)		aid at the end of			ō		ō	ő	č		0		0	,,,,	0	XXX
225 226 227 228	Col (12B)		aid at the end of			ō		ō	ō	à)	ō		ō		ō	0
229	Col (12B)		aid at the end of			ō		ō	ō	č)	Ŏ		0		ō	. 0
230	Col (12B)		or, Unpaid at the			<u>o</u>		<u>o</u>	<u>0</u>	g	<u>)</u>	<u>o</u>		<u>o</u>		Q	<u>o</u>
229 230 231		Total				ō		ō	ō	ā		ō		ō		ō	ō
232																	

\Box	A	ТВ	T c	D		т	E		F	G		н				J		К		<u>L</u>	
П	Group Name:	:	Name							BI/UM Liab		XXX								Input S	Sheet
2	Group NAIC	# :	#							PD Liab										Sect	ion A
3	Company Na	me:	Name							PIP											
1	Company NA	IC #:	#							Phys Dam											
5	Year Filed:		2002							TOTAL											
6 7																					
\Box																					
233	Incremental	Direct Paid AL																			
234	Col (14)	AY 2002, Pai							XX	XXX		XXX		XXX		XXX		XXX		XXX	
235	Col (14)	AY 2001, Pai						0	0	XXX		XXX		XXX		XXX		XXX		XXX	
236	Col (14)	AY 2000, Pai						0	0		0	XXX		XXX		XXX		XXX		XXX	
237	Col (14)	AY 1999, Pai						0	0		0		0	XXX		XXX		XXX		XXX	
238	Col (14)	AY 1998, Pai						0	0		0		0		0	XXX		XXX		XXX	
239	Col (14)	AY 1997, Pai						0	0		0		0		0		0	XXX		XXX	
240	Col (14)	AY 1996, Pai						0	0		0		0		0		0		0	XXX	
241	Col (14)	AY 1995, Pai						0	0		0		0		0		0		0		0
242	Col (14)	AY 1994, Pai		_				0	0		0		0		0		0		0		0
243	Col (14)	AY 1993 & DI	ior, Paid in the C	L				0	0		<u>o</u>		0		ō		0		0		일
244		I OTAI			•			0	0		0		0		0		0		0		0
245	Direct Hanni	Direct Paid AL AY 2002, Pai AY 2001, Pai AY 2000, Pai AY 1999, Pai AY 1998, Pai AY 1998, Pai AY 1996, Pai AY 1995, Pai AY 1994, Pai AY 1994, Pai Total d Case ALAE AY 2002, Unit																			
144	Col (16A)	AV 2002 IIn	oaid at the end of	co				0 X	xx	xxx		XXX		xxx		xxx		xxx		XXX	
12	Col (16A)		paid at the end of					0 ^	~~ 0	XXX		XXX		XXX		XXX		XXX		XXX	
240	Col (16A)		paid at the end of					n	0		0	XXX		XXX		XXX		XXX		XXX	
띘	Col (16A)		paid at the end of					0	0		0	~~~	0	XXX		XXX		XXX		xxx	
155	Col (16A)		paid at the end of					0	0		0		0	,,,,,	0	XXX		XXX		XXX	
252	Col (16A)		paid at the end of					0	0		0		0		0	,,,,	0	XXX		XXX	1
253	Col (16A)		paid at the end of					0	0		0		Ö		0		0	,,,,	0	XXX	
257	Col (16A)		paid at the end of					0	0		Ö		o		0		ő		0	,000	0
255	Col (16A)		paid at the end of					0	0		Ö		o		0		0		0		0
256	Col (16A)		ior, Unpaid at the					<u>o</u>	ō		ō		<u>0</u>		ő		Ö		Ö		a
257	20. ()	Total						Ŏ.	ŏ		ō		ŏ		ŏ		ŏ		ŏ		ő
247 248 249 250 251 252 253 254 255 256 257 258									-												
259	Direct Unpai	d Bulk/IBNR A	LAE																		
	Col (16B)	AY 2002, Un	paid at the end of						XX	XXX		XXX		XXX		XXX		XXX		XXX	
261	Col (16B)	AY 2001, Unj	paid at the end of	CQ				0	0			XXX		XXX		XXX		XXX		XXX	
260 261 262 263 264 265	Col (16B)		paid at the end of					0	0		0	XXX		XXX		XXX		XXX		XXX	
263	Col (16B)		paid at the end of					0	0		0		0	XXX		XXX		XXX		XXX	
264	Col (16B)		paid at the end of					0	0		0		0		0	XXX		XXX		XXX	
265	Col (16B)		paid at the end of					0	0		0		0		0		0	XXX		XXX	
266	Col (16B)		paid at the end of					0	0		0		0		0		0		0	XXX	
267	Col (16B)		paid at the end of					0	0		0		0		0		0		0		0
268	Col (16B)		paid at the end of					0	0		0		0		0		0		0		0
269	Col (16B)		ior, Unpaid at the	end of CQ				<u>o</u>	0		0		<u>o</u>		<u>o</u>		0		<u>o</u>		0
266 267 268 269 270 271		Total						0	0		0		0		0		0		0		_0
271																					
272	F. L. 11. 14. 0																				
	Exhibit 2 - Pa		ance Evnence 5	whihit (IEE)								^.	alendar '	Voor							
274 275		ntrywide Insui rt 3, Line 19.1 :	rance Expense E	ATTIOIL (IEE),			200	4	2000		1999				1997		1996		1995		1994
275 276	Col (19)	n 3, Line 19.1 -						0	2000		0		1998 0		0	XXX	1000	XXX	1990	xxx	1004
276 277	Coi (19)		ed ALAE - CW					0	0		0		0		0	XXX		XXX		XXX	
278	Col (20)		d ULAE - CW					0	0		0		0		0	XXX		XXX		XXX	
279	CU (22)	Differ income	W OLDL - OW					<u> </u>			<u>v</u>		<u> </u>		<u> </u>	~~				~~	
280																					
	Exhibit 3		Ta	il Factor (99 mo	nths-ultimate)	1.00	0 Provide	Documer	station if grea	ter than 1	.000									
282		-																			
283																					

	_ A 1	В	Гс	г в т	E T	F	G		- н			т к	····
1	Group Name:		Name	l			BI/UM Liab		XXX	<u> </u>	<u> </u>		Input Sheet
	Group NAIC #:		#				PD Liab	,		•			Section A
	Company Name	e:	Name				PIP						CCGGGTT
	Company NAIC		#				Phys Dam			•			
	Year Filed:		2002				TOTAL			•			
6			2002							•			
7													
284	Exhibit 4								Calend	lar Year			
285		rywide Insur	ance Expense E	Exhibit (IEE),	2001	2000		1999	1998	199	7 19	96 1995	1994
286		3, Line 19.1 +		, ,									
287	Col (1)	Item 1	Direct Written I	Premium - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
288	Col (1)	Item 2	Direct Earned I	Premium - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
289	Col (1)	Item 3	Direct Other Ac	equisition Expense - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
290	Col (1)	Item 4	Direct General	Expense - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
291	Col (1)	Item 5		sion & Brokerage - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
286 287 288 289 290 291 292 293	Col (1)	ltem 6	Direct Taxes, L	icenses & Fees - CW	0	0		0	XXX	XXX	XXX	XXX	XXX
293													
294	Source: Annua			ne 19.2 (BI/UM)									
295 296 297	Col (3)	item 5		sion & Brokerage - NJ	0	0		0	XXX	XXX	XXX	XXX	XXX
296	Col (3)	item 6		icenses & Fees - NJ	0	0		0	XXX	XXX	XXX	XXX	XXX
297	Col (3)	Item 8	LAD Fees Paid	I - NJ	0	0		0	XXX	XXX	XXX	XXX	XXX
298 299													
	Exhibit 5			-	0004	2000		4000		se Year	7	00 4005	1994
	All data on Ex	libit 5 is Cou	ntrywide, for all	coverages combined.	<u>2001</u>	<u>2000</u>		1999	<u>1998</u>	199	<u>7 19</u>	<u>96</u> <u>1995</u>	1994
302	Part 1	Item 1	Agents Balance		0	0		0	0	XXX	XXX	xxx	xxx
303	Part 1	item 2	Unearned Pren		0	0		0	ő		XXX	XXX	xxx
305	Falti	100111 2	Olicalited Field	IIIUIII IVESEIVE	v	U		v	U	~~~	~~~	~~~	~~
306	Part 2A	Item 1	Interest Divide	end & Real Estate Income	0	0		0	0	XXX	xxx	xxx	xxx
307	Part 2A	Item 2.1	Investment Exp		ŏ	0		ñ	o o	XXX	XXX	XXX	XXX
308	Part 2A	item 2.2	Depreciation or		ō	ō		ō	ō	XXX	XXX	XXX	XXX
309	Part 2A	item 2.3	Unaffiliated Pre		0	0		Ō	ō	XXX	XXX	XXX	XXX
310	Part 2A	Item 2.4	Affiliated Prefer		ō	ō		0	ō	XXX	XXX	XXX	XXX
311	Part 2A	Item 2.5	Unaffiliated Co		Ō	0		ō	Ō	XXX	XXX	XXX	XXX
312	Part 2A	Item 2.6	Affiliated Comm	non Stock	0	0		0	0	XXX	XXX	XXX	XXX
313	Part 2A	Item 2.7	Other invested	Assets	0	0		0	0	XXX	XXX	XXX	XXX
314	Part 2A	Item 2.8	Real Estate for	Co's Own Occupancy	0	0		0	0	XXX	XXX	XXX	XXX
315													
316	Part 2B	Item 4.1	Bonds Acquired		0	0		0	0	XXX	XXX	XXX	XXX
317	Part 2B	Item 4.2		s on Real Estate	0	0		0	0	XXX	XXX	XXX	XXX
318	Part 2B	Item 4.3	Real Estate Ac		0	0		0	0	XXX	XXX	XXX	XXX
319	Part 2B	Item 4.4	Collateral Loan		0	0		0	0	XXX	XXX	XXX	XXX
320	Part 2B	Item 4.5		and on Deposit	0	0		0	0	XXX	XXX	XXX	XXX
321	Part 2B	item 4.6	Short-Term Inv		0	0		0	0	XXX	XXX	XXX	XXX
302 303 304 305 306 307 308 310 311 312 313 314 315 316 317 318 320 321 323 323 324	Part 2B	Item 4.7	Derivative Instr	uments	0	0		0	0	XXX	XXX	XXX	XXX ·
323													
324													

	A	В	С	D	E	F	G	Н	1 1		J	К		L
	Group Name:		Name				BI/UM Liab	XXX						Input Sheet
	Group NAIC		#				PD Liab							Section A
	Company Na		Name				PIP							
	Company NA	IC #:	#				Phys Dam							
	Year Filed:		2002				TOTAL							
6	1													
7														
	Exhibit 6	,												
326	All data on E	xhibit 6 is fo	New Jersey on	y.					ar Year ending 3/3					
327	j				2002 (Estimated	200	1 2	000	1999	1998	199	<u> </u>	1996	1995
328														
329	Part 1		eceived through C		(,,,,,	XXX	XXX	XXX		XXX	XXX		XXX
329 330 331 332 333 334 336 336	Part 1		eceived through C		XXX		0 XXX	XXX	XXX		XXX	XXX		XXX
331	Part 1		eceived through C		XXX		0	0 XXX	XXX		XXX	XXX		XXX
332	Part 1		eceived through C		XXX		0	0	0 XXX	-	XXX	XXX		XXX
333	Part 1		eceived through C		XXX		0	0	0	0	XXX	XXX		XXX
334	Part 1		eceived through C		XXX		0	0	0	0		0 XXX		XXX
335	Part 1		eceived through C		XXX		0	0	0	0		0	0	XXX
336	Part 1	AY 1994, Re	eceived through C	:Y	XXX		0	0	0	0		0	0	0
337														
338			ent Income Rece											
339	Part 1		eceived through C		,,,,,		XXX	XXX	XXX		XXX	XXX		XXX
340	Part 1		ceived through C		XXX		0 XXX	XXX	XXX		XXX	XXX		XXX
341	Part 1		ceived through C		XXX		Ü	0 XXX	XXX		XXX	XXX		XXX
342	Part 1		eceived through C		XXX		0	0	0 XXX		XXX	XXX		XXX
343	Part 1		eceived through C		XXX		0	0	0	0	XXX	XXX		XXX
344	Part 1		eceived through C		XXX		0	0	0	0		0 XXX		XXX
345	Part 1		eceived through C		XXX		0	U	0	0		0	0	XXX
339 340 341 342 343 344 345 346	Part 1	AY 1994, R	eceived through C	· T	XXX		0	0	0	0		0	0	Ü
347 348	Cumulative A	IDE Access	nant Bald											
			nent Paid aid through CY		() xxx	xxx	xxx	xxx	,	xxx	xxx		XXX
349	Part 3		aid through CY		xxx	, <u>~~</u>	0 XXX	XXX	×××		XXX	XXX		XXX
350	Part 3		aid through CY		XXX		0 ~~~	0 XXX	×××		XXX	XXX		XXX
351	Part 3		aid through CY		XXX		0	0	0 00		XXX	XXX		×××
352	Part 3		aid through CY		xxx		0	0	0 ~~	. 0	XXX	XXX		×××
254	Part 3		aid through CY		XXX		0	0	0	0		0 XXX		×××
355	Part 3		id through CY		xxx		0	0	0	0		0	0	XXX
356	Part 3		id through CY		XXX		0	0	0	0		n	0	Λ
349 350 351 352 353 354 355 356 357	1 7 311 3	, 1004, FE	ac anough of											
358	1													

- 10		C	D		E	F	G	н		J	K	L
1 GI	roup Name:	Name				В	I/UM Liab	XXX				input Sheet
2 Gi	roup NAIC #:	#				P	D Liab					Section A
3 Cc	ompany Name:	Name				F	IP					
4 0	ompany NAIC #:	#					hys Dam					
5 Ye	ear Filed:	2002				Ŧ	OTAL					
6						_						
7												
359 Ex	xhibit 7											
	Il data on Exhibit 7 is for I	łew Jersey busi	ness only.					Calendar Year Exc	ess Profit Paid			
361				2002	2001	2000	<u>1999</u>	1998	<u>1997</u>	1996	<u>1995</u>	1994
362 Ex	xcess Profit Refund Paid											
363 364 365 C a	Item 1			0	0	0	0	0	0	0	0	0
364												
365 Cr	arryforward Used											
366	Item 2.1	in AY 2001		0	0	0	0	0	0	0	0	0
367	item 2.2	in AY 2000		0	0	0	0	0	0	0	0	0
368	Item 2.3	in AY 1999		0	0	0	0	0	0	0	0	0
369	Item 2.4	in AY 1998	XXX		0	0	0	0	0	0	0	0
370	Item 2.5	in AY 1997	XXX		XXX	0	0	0	0	0	0	0
371	Item 2.6	in AY 1996	XXX		XXX	XXX	0	0	0	0	0	0
386 367 368 369 370 371 372 373 374 375 376 377 378 379	Item 2.7	in AY 1995	XXX		XXX	XXX	XXX	0	0	0	0	0
373	Item 2.8	in AY 1994	XXX		XXX	XXX	XXX	XXX	0	0	0	0
374	Item 2.9	in AY 1993	XXX		XXX	XXX	XXX	XXX	XXX	0	0	0
375	Item 2.10	in AY 1992	XXX		XXX	XXX	XXX	XXX	XXX	XXX	0	0
376	Item 2.11	in AY 1991	XXX		XXX	XXX	XXX	XXX	XXX	XXX	xxx	0
377								A-14- WE	D			
378					4000	4000	4004	Calendar Year Exce		4000	4007	4000
	wasan Dunffe Dufe and Dulid				1993	1992	1991	<u>1990</u>	<u>1989</u>	1988	<u>1987</u>	<u>1986</u>
380 E.A 381	kcess Profit Refund Paid item 1				0	0	0	0	0	0	0	0
382	nem i				U	U	U	U	U	U	U	U,
	arryforward Used											
	Item 2.1	in AY 2001			0	0	0	0	0	0	0	0
385	Item 2.2	in AY 2000			0	0	0	0	0	0	0	0
386	item 2.3	in AY 1999			0	0	0	0	0	0	0	0
387	Item 2.4	in AY 1998			Ô	Ô	0	Ö	0	Ô	Ô	o o
388	Item 2.5	in AY 1997			n	ő	0	Ö	0	0	ő	n
389	Item 2.6	in AY 1996			o o	ő	0	0	Ö	0	0	n
390	Item 2.7	in AY 1995			ñ	0	ő	o o	0	0	0	n
391	Item 2.8	in AY 1994			ō	Ö	ō	ő	0	Ö	ő	0
392	Item 2.9	in AY 1993			Ö	ō	Ō	ő	ō	Ō	ō	ō
393	Item 2.10	in AY 1992			0	0	0	ō	Ō	0	ō	Ō
394	Item 2.11	in AY 1991			0	0	0	Ō	Ō	0	Ö	Ō
395	Item 2.12	in AY 1990			0	Ō	0	0	0	0	ō	0
396	Item 2.13	in AY 1989			XXX	0	0	ō	0	0	Ō	0
397	Item 2.14	in AY 1988			XXX	XXX	0	0	0	0	0	, 0
398	Item 2.15	in AY 1987			XXX	XXX	XXX	0	0	0	0	0
399	item 2.16	in AY 1986			XXX	ХХХ	XXX	XXX	0	0	0	0
100	Item 2.17	in AY 1985			XXX	XXX	XXX	XXX	XXX	0	0	0
101	item 2.18	in AY 1984			XXX	XXX	XXX	XXX	XXX	XXX	0	0
102	Item 2.19	in AY 1983			XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
384 385 386 387 388 389 389 391 392 393 394 400 401 401 402 403 404												
104												
:05IEx	khibit 8 Item 23		ny System (Y or N)		N							
406												

Г	Α	В	C	D	$\neg \tau$	E	F		G	Н		1	T	J	_
1	Group Na	me:	Name				BI/UM Liab		XXX					Exhibit 1	ĨΑ
2	Group NA	IC #:	#			•	PD Liab							Sheet	t 1
3	Company	Name:	Name			•	PIP								
4	Company	NAIC #:	#			•	Phys Dam								
	Year Filed		2002			•	TOTAL								
6	1					•									
7	Calendar	Year 2001		Col	(1)	Col (2)	Col	(3)	Col (4)	С	ol (5)	Co	l (6)	Col ((7)
8	1				ect	Direct	Divider		Direct		Direct		irect	Dire	
9	1			Writ	ten	Earned	on Dir	ect	Unearned		Paid	Incu	rred	Unpa	aid
8 9 10	1			Prem	um	Premium	Busine	ess	Premium	Lo	sses	Los	ses	Loss	
11	Item 1	Source: Pag	ge 15		0	0		0	0	·	0		0		0
12	Item 2	UCJF Asse	ssments & Excess Medical Benefits	XXX		XXX	XXX		XXX	XXX		XXX		XXX	
13	Item 3	Total Exclus	sions		0	0		0	0		0		0		0
14	Item 4	Excess Prof	fit Data (Item 1 - Item 2 - Item 3)		0	0		0	0		0		0		0
15	1														
16	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX		XXX		0	XXX	XXX		XXX		XXX	
17	Item 5b	All Other Di	vidends, included in Col (3)	XXX		XXX		0	XXX	XXX		XXX		XXX	
18]														
18 19 20 21 22 23]														
20	1					Col (8)	Col	(9)	Coi (10)						
21	1					Direct	Dir	ect	Direct						
22]					Paid	Incur	red	Unpaid						
23	1					ALAE	AL	<u>AE</u>	ALAE						
24	Item 1	Source: Pag	ge 15			0		0	0						
25	Item 3	Total Exclus	sions			<u>0</u>		<u>o</u>	<u>0</u>						
26	Item 4	Excess Prof	fit Data (Item 1 - Item 3)			0		0	0						
27 28															
28	1														

		·												
-	A	В		С	D		E	F	G	<u> Н</u>			L_	J
	Group Na		Name "					BI/UM Liab	XXX	_				Exhibit 1A
	Group NA		#					PD Liab		-				Sheet 2
	Company		Name					PIP		-				
32	Company	NAIC #:	#					Phys Dam		_				
	Year Filed	l:	2002				_1	TOTAL		_				
34														
35	Calendar '	Year 2000			Col		Col (2)	Col (3)			l (5)	Col		Col (7)
36						ect	Direct	Dividends			rect	Dire		Direct
37					Writ		Earned	on Direct			Paid	Incurr		Unpaid
38		-			Prem	<u>um</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	<u>Los</u>	ses	Loss		Losses
39	ltem 1	Source: Pag				0	0	0	-		0		0	. 0
40	Item 2		ssments & Excess M	ledical Benefits	XXX		XXX	XXX	XXX	XXX		XXX		XXX
	Item 3	Total Exclus				0	0	0			0		0	0
42	Item 4	Excess Prof	it Data (Item 1 - Iter	m 2 - Item 3)		0	0	0	C	1	0		0	0
43														
44	Item 5a	Refund of E	xcess Profit, include	d in Col (3)	XXX		XXX	0	XXX	XXX		XXX		XXX
45	Item 5b	All Other Div	vidends, included in	Col (3)	XXX		XXX	0	XXX	XXX		XXX		XXX
46														
47														
48							Col (8)	Col (9)	Col (10))				
49							Direct	Direct	Direct	t				
50							Paid	Incurred	Unpaid					
51							ALAE	ALAE	ALAE					
52	Item 1	Source: Pag	e 15				0	0	C)				
53	Item 3	Total Exclus	ions				<u>0</u>	<u>0</u>	0	<u>}</u>				
54	Item 4	Excess Prof	it Data (Item 1 - Item	n 3)			ō	ō)				
55														
55 56														
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57	Group Na	me:	Name			BI/UM Liab	XXX			Exhibit 1A
58	Group NA	IC #:	#	*		PD Liab				Sheet 3
59	Company	Name:	Name			PIP				
60	Company	NAIC #:	#			Phys Dam				
61	Year Filed	l:	2002			TOTAL				
62										
63	Calendar	Year 1999		Col (1)	Col (2)	Col (3)	Col (4)	Col (5) Col (6)	Col (7)
64				Direct	Direct	Dividends	Direct	Direc	t Direct	Direct
65				Written	Earned	on Direct	Unearned	Paid	d Incurred	Unpaid
66				Premium	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	<u>Losses</u>	Losses
67	Item 1	Source: Pag	je 15	0	0	0	0	(0 0	0
68	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
69	Item 3	Total Exclus	ions	0	0	_	0	(0 0	0
70	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	(0 0	0
71			•							
72	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0		XXX	XXX	XXX
73	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
74										
75	Item 5b									
76					Col (8)					
77					Direct		Direct			
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79					ALAE	ALAE	ALAE			
80	nem i	Source: Pag			0	0	0			
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	Item 4	Excess Prof	it Data (Item 1 - Item 3)		0	0	0			
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	Group Nar		Name				BI/UM Liab	XXX			Exhibit 1A
	Group NA		#				PD Liab				Sheet 4
	Company		Name				PIP				
88	Company	NAIC #:	#				Phys Dam				
89	Year Filed	l:	2002			<u>T</u>	OTAL		_		
90											
91	Calendar \	Year 1998		Col (1)	Col (2)	Col (3)	Col (4)	Col (5	i) Col (6)	
92	l			Dire	ct	Direct	Dividends	Direct	Direc	ct Direct	Direct
93	l			Writte	en	Earned	on Direct	Unearned	Pai	d Incurred	Unpaid
94	1			<u>Premiu</u>	m	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losse	s Losses	Losses
95	Item 1	Source: Pag	e 15		0	0	0	0		0 0	0
96	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX		XXX	XXX	XXX	XXX	XXX	XXX
97	Item 3	Total Exclus	ions		0	0	0	0	(0 0	0
98	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)		0	0	0	0	(0 0	0
99											
100	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX	XXX
		All Other Div	vidends, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX	XXX
			•								
103	1										
104						Col (8)	Col (9)	Col (10)			
105	1					Direct	Direct	Direct			
106						Paid	Incurred	Unpaid			
102 103 104 105 106						ALAE	ALAE	ALAE			
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_	Item 3	Total Exclus				Õ	<u>0</u>	0			
			it Data (Item 1 - Item 3)			ō	ō	ŏ			
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113	Group Na	me:	Name			BI/	UM Liab	XXX				Ex	chibit 1A
	Group NA		#			PD	Liab		•				Sheet 5
115	Company	Name:	Name			PIF	9		•				
116	Company	NAIC #:	#			Ph	ys Dam		•				
117	Year Filed	l:	2002			TC	TAL		•				
118						-			•				
119	Calendar	Year 1997		Col (1) Co	l (2)	Col (3)	Col (4)	Co	ol (5)	Col	(6)	Col (7)
120				Direc	t D	irect	Dividends	Direct		Direct	Dir	ect	Direct
121				Writte	n Ea	med	on Direct	Unearned		Paid	Incur	red	Unpaid
120 121 122				Premiun	n Pren	<u>nium</u>	<u>Business</u>	Premium	<u>Lo</u>	sses	Loss	ses	Losses
123	Item 1	Source: Pag	e 15)	0	0	0		0		0	0
124	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX	XXX		XXX	XXX	XXX		XXX	XX	Х
125	Item 3	Total Exclus	ions	()	0	0	0		0		0	0
126	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	()	0	0	0		0		0	0
127													
128	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX		0	XXX	XXX		XXX	XX	x
129	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX		0	XXX	XXX		XXX	XX	Х
130													
131													
130 131 132 133 134 135					Co	ol (8)	Col (9)	Col (10)					
133					D	irect	Direct	Direct					
134						Paid	Incurred	Unpaid					
135					<u>A</u>	LAE	ALAE	ALAE					
	Item 1	Source: Pag	e 15			0	0	0					
137	Item 3	Total Exclus	ions			<u>o</u>	<u>o</u>	<u>0</u>					
138	Item 4	Excess Prof	it Data (Item 1 - Item 3)			0	<u>0</u> 0	0					
139													
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	A	В	l <u>.</u>	D		E	F		G		Н			J
	Group Na		Name				BI/UM Liab		XXX					Exhibit 1A
	Group NA		#				PD Liab							Sheet 6
	Company		Name				PIP							
	Company		#				Phys Dam							
145	Year Filed	i:	2002				TOTAL							
146														
	Calendar \	Year 1996		Co	1 (1)	Col (2)	Co	l (3)	Col ((4)	Col (5)	Col (6) Col (7)
148 149 150				D	rect	Direct	Divide	ends	Dire	ect	Dire	ct	Dire	ct Direct
149				Wri	tten	Earned	on Di	irect	Uneam	ed	Pai	id	Incurre	ed Unpaid
150				Prem	ium	<u>Premium</u>	Busin	ness	<u>Premiu</u>	<u>ım</u>	Losse	<u>s</u>	Losse	es Losses
151	Item 1	Source: Pag	e 15		0	0		0		0		0		0 0
152	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX		XXX	XXX		XXX		XXX		XXX	XXX
153	Item 3	Total Exclus	ions		0	0		0		0		0		0 0
		Excess Profi	it Data (Item 1 - Item 2 - Item 3)		0	0		0		0		0		0 0
155			•											
	Item 5a	Refund of Ex	xcess Profit, included in Col (3)	XXX		XXX		0	XXX		XXX		XXX	XXX
457	Item 5h		vidends, included in Col (3)	XXX		XXX		0	XXX		XXX		XXX	XXX
158								-						
159														
160						Col (8)	Col	l (9)	Col (1	0)				
161						Direct		irect	Dire					
162						Paid	Incui		Unpa					
163						ALAE		LAE	ALA					
164	Item 1	Source: Pag	e 15			<u> </u>		0		0				
165	Item 3	Total Exclus				n		-		n				
			it Data (Item 1 - Item 3)			0		<u>0</u> 0		ŏ				
167	I CHILD	EACCOS I TOIL	nous from 1 - nom of							<u> </u>				
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169	Group Na	me:	Name			BIA	UM Liab	XXX			Exhibit 1A
170	Group NA	AIC #:	#			PD	Liab				Sheet 7
171	Company	Name:	Name			PIP	>				
172	Company	NAIC #:	#			Phy	ys Dam				
173	Year File	d:	2002			TO	TAL				
174											
		Year 1995		Col (1) Col	(2)	Col (3)	Col (4)	Col (5) Col (6)	Col (7)
176 177 178				Dire	ct Dir	ect	Dividends	Direct	Direc	t Direct	Direct
177	<u>'</u>			Writte	n Earr	ed	on Direct	Unearned	Paid	d Incurred	Unpaid
178				<u>Premiur</u>	<u>n Premi</u>	<u>um</u>	<u>Business</u>	<u>Premium</u>	Losses	<u>Losses</u>	Losses
179	item 1	Source: Pag			0	0	0	0	C	0	0
	Item 2	UCJF Asses	ssments & Excess Medical Benefits	XXX	XXX		XXX	XXX	XXX	XXX	XXX
181	Item 3	Total Exclus	sions		0	0	0	0	C	0	0
182	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)		0	0	0	0	(0	0
183											
	Item 5a		xcess Profit, included in Col (3)	XXX	XXX		0	XXX	XXX	XXX	XXX
185	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX		0	XXX	XXX	XXX	XXX
186 187 188 189 190											
187	1										
188	4				Col		Col (9)	Col (10)			
189	4				Dir		Direct	Direct			
190	4					aid	Incurred	Unpaid			
					AL	<u>AE</u>	ALAE	ALAE			
	Item 1	Source: Pag				0	0	0			
	Item 3	Total Exclus				Ō	<u>0</u>	<u>0</u>			
_	Item 4	Excess Prof	it Data (Item 1 - Item 3)			0	0	0			
195 196	4										
196	<u> </u>										

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197	Group Na		Name	1	<u> </u>	BI/UM Liab	XXX		<u> </u>	Exhibit 1A
_	Group NA		#			PD Liab				Sheet 8
	Company		Name			PIP				Oncor o
	Company		#			Phys Dam				
	Year Filed		2002			TOTAL				
202	•	•	2002			101712				
203	Calendar	Year 1994		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
204				Direct	Direct	Dividends	Direct	Direct	Direct	Direct
205				Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
204 205 206				<u>Premium</u>	Premium	Business	<u>Premium</u>	Losses	Losses	Losses
207	Item 1	Source: Pag	ge 15	0	0	0	0	0	0	0
208	Item 2	UCJF Asses	ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
209	Item 3	Total Exclus	sions	0	0	0	0	0	0	0
210	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
211									ě	
212	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
213	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
214										
215										
216					Col (8)	Col (9)	Col (10)			
217					Direct	Direct	Direct			
218					Paid	Incurred	Unpaid			
219					ALAE	ALAE	ALAE			
220	Item 5b	Source: Pag	je 15		0	0	0			
221	Item 3	Total Exclus	ions		0	<u>0</u>	<u>0</u>			
222	Item 4	Excess Prof	it Data (Item 1 - Item 3)		0	0	0			

Company Name: Name		A	В	С	D I	E I	F	G T	н	1 T	J]
3 Company Name:	1	Group Name:	Name				3I/UM Liab	XXX			Exhibit 2A
Total Part Cale Part Col (1) Col (2) Case Part Case	2	Group NAIC #:	#			7	PD Liab				Sheet 1
S Year Filed: 2002 TOTAL TOT	3	Company Name:	Name			7	PIP				
Part 1	4	Company NAIC #:	#			7	hys Dam				
Part 1	5	Year Filed:	2002			7	TOTAL				
Case						-					
Case Case Case Incremental Incremental Paid Loss Pai	7	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
Description Color Color	8	Calendar Year 2001	Incremental		Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
10	9		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
11	10	Accident Year	@ 12/31/01	@ 12/31/01		@ 12/31/01					@ 12/31/01
18	11	2001									0
18	12	2000	0	0	0	0	0	0	0	0	o
18	13	1999	0	0	0	0	0	0	0	0	ol
18	14		Ö	Ō	Ō	Ō	Ō	Ō	Ō	0	ol
18	15		Ō	-	Ō	Ō	Ō	Ō	Ō	0	ŏl
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1993 & prior 0 0 0 0 0 0 0 0 0	18	1994	0	0	0	0	0	Ō	Ō	Ô	ol
Total O O O O O O O O O	19	1993 & prior	0	0	Ō	0	0	Ō	Ō	Ō	ol
21	20						ō			õ	ō
23 Calendar Qtr 2002-1 Incremental Cumulative Case Case Incremental Cumulative Case Cas	21										
23	22	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
25		Calendar Qtr 2002-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case		Case Incurred
25	24		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	25	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	26	2002	0	0	0	0	0	0	0	0	0
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	27	2001	0	0	0	0	0	0	0	0	ol
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	28	2000	0	0	0	0	0	0	0	0	0
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	29	1999	0	0	0	0	0	0	0	0	o
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	30	1998	0	0	0	0	0	0	0	0	ol
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	31	1997	0	0	0	0	0	0	0	0	0
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	32	1996	0	0	0	0	0	0	0	0	0
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	33		0	U	0	U	0	0	0	0	0
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	34		0	-	•	-	0	•			o
37 38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Incurred ALAE Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0 0 41 2000 0 0 0 0 0 42 1999 0 0 0 0 0 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	35								<u>0</u>	<u>0</u>	<u>0</u>
38 Part 3 Col (19) Col (20) Col (21) Col (22) Col (23) 39 Calendar Year Incurred Loss Inc. Loss+ALAE Incurred ULAE ULAE Ratio 40 2001 0 0 0 0.000 41 2000 0 0 0 0.000 42 1999 0 0 0 0.000 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000	36	Total	0	0	0	0	0	0	0	0	0
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40 2001 0 0 0 0.000 41 2000 0 0 0 0.000 42 1999 0 0 0 0 0.000 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000			, ,								I
41 2000 0 0 0 0.000 42 1999 0 0 0 0.000 43 Average 0.000 44 ULAE Factor Min. 1.05 Max. 1.30 0.000 45	39	***************************************									
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45	42		0	0	0	0					
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47	Group Name:	Name				BI/UM Liab	XXX			Exhibit 2A
48	Group NAIC #:	#				PD Liab	,			Sheet 2
49	Company Name:	Name			•	PIP				
50	Company NAIC #:	#			•	Phys Dam				
51	Year Filed:	2002				TOTAL				
52	rear rilea.	2002			•					
	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Coi (6)	Col (7)	Col (8)	Col (9)
54	Calendar Year 2000	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
55		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
56	Accident Year	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00
57	2000	0	0	0	0	0	0	0	0	0
58	1999	0	0	0	0	0	0	0	0	o
59	1998	0	0	0	0	0	0	0	0	0
60	1997	0	0	0	0	0	0	0	0	o
61	1996	0	. 0	0	0	0	0	0	0	o
62	1995	0	0	0	0	0	0	0	0	o
63	1994	0	0	0	0	0	0	0	0	o
64	1993 & prior	<u>0</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
65	Total	0	0	0	0	0	0	0	0	0
66										
_	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
68	Calendar Qtr 2001-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
69		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
70	Accident Year	@ 3/31/01	<u>@ 3/31/01</u>	@ 3/31/01	@ 3/31/01					
71	2001	0	0	0	0	0	0	0	0	0
72	2000	0	0	0	0	0	0	0	0	0
73	1999	0	0	0	0	0	0	0	0	0
74	1998	0	0	0	0	0	0	0	0	0
75	1997	0	0	0	0	0	0	0	0	0
76	1996	0	0	0	0	0	0	0	0	0
77	1995	0	0	0	0	0	0	0	0	0
78	1994	0	0	0	0	0	0	0	0	0
79 80	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> 0	ŏ
81	Total	<u> </u>		<u> </u>					- 0	
	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				
83	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				. !
84	2000	nicurred Loss	niculted ALAE	IIIC. LUSSTALAE	incorred OLAE	0.000				ļ
85	1999	0	0	0	0	0.000				
86	1998	0	0	0	0	0.000				
87	Average	U	Ū	U	U	0.000				
88	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
89		200000 005.5								
90										

	A	В	С	D	E	F	G	н	1 1	J
91	Group Name:	Name				BI/UM Liab	XXX			Exhibit 2A
92	Group NAIC #:	#				PD Liab				Sheet 3
93	Company Name:	Name			•	PIP				
94	Company NAIC #:	#			•	Phys Dam				
95	Year Filed:	2002			•	TOTAL				
96					•	······································				
97	Part 1	Col	(1) Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
98	Calendar Year 1999	Incremer	tal Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
99		Paid Lo	ss Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
100	Accident Year	@ 12/31	99 @ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99
101	1999		0 0	. 0	0	0	0	0	0	0
102	1998		0 0	0	0	0	0	0	Ō	ol
103	1997		0 0	Ō	Ō	Ō	Ō	Ō	Ō	ol
104	1996		0 0	Ō	Ō	Ō	Ō	Ö	0	o
105	1995		0 0	Ō	Ō	Ō	Ö	Ö	Ō	ol
106	1994		0 0	0	0	0	0	0	0	ol
107	1993 & prior		0 0	<u>o</u>	<u>o</u>	0	<u>0</u>	0	0	ol
108	Total		$\bar{0}$ $\bar{0}$	ō	ō	ō	ō	ō	ō	ō
109										
110	Part 2	Col (0) Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
111	Calendar Qtr 2000-1	Incremen		Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
112		Paid Lo	ss Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
113	Accident Year	@ 3/31/	02 <u>@ 3/31/02</u>	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
114	2000		0 0	0	0	0	0	0	0	0
115	1999		0 0	0	0	0	0	0	0	0
116	1998		0 0	0	0	0	0	0	0	o
117	1997		0 0	0	0	0	0	0	0	0
118	1996		0 0	0	0	0	0	0	0	o
119	1995		0 0	0	0	0	0	0	0	0
120	1994		0 0	0	0	0	0	0	0	o
121	1993 & prior		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
122	Total		0 0	0	0	0	0	0	0	0
123										
	Part 3	Col (Col (21)	Col (22)	Col (23)				
125	Calendar Year	Incurred Lo		Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
126	1999		0 0	0	0	0.000				İ
127 128	1998		0 0	0	0	0.000				
128	1997		0 0	0	0	0.000				İ
129	Average					0.000				l
130	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
131										1
132										

			· · · · · · · · · · · · · · · · · · ·							
<u></u>	A Name of the A	B	С	D	E	BI/UM Liab	G	н		J
	Group Name:	Name					XXX			Exhibit 2A
	Group NAIC #:	#				PD Liab				Sheet 4
	Company Name:	Name				PIP				
	Company NAIC #:	#				Phys Dam				
	Year Filed:	2002				TOTAL				
138										
139	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
140	Calendar Year 1998	incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
141		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
142	Accident Year	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	@ 12/31/98	@ 12/31/98
143		0	0	0	0	0	0	0	0	0
144	1997	0	0	0	0	0	0	0	0	0
145	1996	0	0	0	0	0	0	0	0	0
146	1995	0	0	0	0	0	0	0	0	0
147	1994	0	, 0	0	0	0	0	0	0	0
148	1993 & prior	<u>0</u>	<u>o</u>	<u>o</u>	0	0	0	0	0	0
149	Total	0	Ō	ō	ō	Ō	Ō	ō	ō	ō
150										
151	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
152	Calendar Qtr 1999-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
153		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
154	Accident Year	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99
155 156	1999	0	0	0	0	0	0	0	0	0
156	1998	0	0	0	0	0	0	0	0	0
157	1997	0	0	0	0	0	0	0	0	0
158	1996	0	0	0	0	0	0	0	0	0
159	1995	0	0	0	Ō	Ō	0	Ō	0	0
160	1994	0	0	Ō	Ō	0	0	0	0	0
161	1993 & prior	Ō	0	0	0	0	0	Ō	0	0
162	Total	ō	ō	ŏ	ō	ō	ō	ō	Ō	ō
163										
164										

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465	Group Name:	B I Name	С	D	E	BI/UM Liab	XXX	н		Exhibit 2A
	Group NAIC #:	#				PD Liab				Sheet 5
	Company Name:	" Name				PIP				Sileers
	Company NAIC #:	#			_	Phys Dam				·
	Year Filed:	2002				TOTAL				
170	rear rileu:	2002			•	TOTAL				
	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (9)	Col (9)
172	Calendar Year 1997	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Col (7) Case	Col (8) Case	Case Incurred
173	Calendar rear 1997	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
173	Accident Year		@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97
174 175 176 177	1997	@ 12/31/97	<u>W 12/31/91</u>	<u>W 12/31/91</u>	<u>W 12/31/91</u>	<u>w 12/31/9/</u>	<u>W 12/31/9/</u>	<u>W 12/3//9/</u>	<u>W 12/31/91</u>	<u>W 12/31/97</u>
175	1996	0	0	U	0	0	0	Ü	0	, i
176	1995	U	0	0	0	0	U	0	U	ų,
177		U	0	U	U	0	0	0	0	ď
178 179	1994	0	U	0	U	0	U	0	0	ď
180	1993 & prior Total	Ö	. <u>u</u>	n O	<u>0</u>	ŏ	n N	<u>u</u>	Ö	띩
181	TOTAL	<u> </u>	<u> </u>			<u> </u>	<u> </u>	· · · · · ·	<u> </u>	
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
	Calendar Qtr 1998-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
183 184	Calendal Qui 1990-1	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
104	Accident Year	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98	@ 3/31/98
185 186 187 188	1998	<u>W 3/31/30</u>	<u>W 3/3//90</u>	00/3/3/1/30	<u>W 3/3 1/30</u>	<u>W 3/3//30</u>	0 3/3//90	<u>W 3/3 1/30</u>	<u>W 3/3//90</u>	<u>(W. 3/3 1/90</u>
100	1997	0	0	0	0	0	0	0	0	o o
107	1996	0	0	0	0	0	0	0	0	o o
189	1995	0	0	0	0	0	0	0	0	, i
100	1994	0	0	0	0	0	0	0	0	o o
190	1993 & prior	0	0	0	0	0	0	0	0	ď
190 191 192	Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	0	<u>u</u>	<u> </u>	
							<u> </u>		<u>-</u>	
193 194										
134	L.,									

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	Group Name:	Name				BI/UM Liab	XXX			Exhibit 2A
	Group NAIC #:	#				PD Liab				Sheet 6
	Company Name:	Name				PIP				
	Company NAIC #:	#			_	Phys Dam				
199	Year Filed:	2002				TOTAL				
200										
201	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
202	Calendar Year 1996	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
203		Paid Loss	Paid Loss	Unpaid Loss	incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
204	Accident Year	@ 12/31/96	@ 12/31/96	@ 12/31/96	@ 12/31/96	<u>@ 12/31/96</u>	@ 12/31/96	<u>@ 12/31/96</u>	@ 12/31/96	<u>@ 12/31/96</u>
203 204 205 206 207 208 209	1996	0	0	0	0	0	0	0	0	o
206	1995	0	0	0	0	0	0	0	0	0
207	1994	0	0	0	0	0	0	0	0	0
208	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>
209	Total	0		0	0	0	0	0	0	0
210										
211	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
212	Calendar Qtr 1997-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
213		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
214 215 216 217	Accident Year	@ 3/31/97	@ 3/31/97	@ 3/31/97	<u>@ 3/31/97</u>	@ 3/31/97	@ 3/31/97	<u>@ 3/31/97</u>	@ 3/31/97	<u>@ 3/31/97</u>
215	1997	0	0	0	0	0	0	0	0	0
216	1996	0	0	0	0	0	0	0	0	0
217	1995	0	0	0	0	0	0	0	0	o
218 219	1994	0	0	0	0	0	0	0	0	0
219	1993 & prior	<u>0</u>	· <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
220	Total	0	Ō	0	0	0	0	0	0	0
221										
222										

	T A	В	С	D I	Ε	F	G	н Т		J
223	Group Name:	Name				BI/UM Liab	XXX		······································	Exhibit 2A
224	Group NAIC #:	#				PD Liab				Sheet 7
225	Company Name:	Name				PIP				
226	Company NAIC #:	#				Phys Dam				
227	Year Filed:	2002				TOTAL				
228										
229	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
230		Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
231		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
232	Accident Year	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	@ 12/31/95	<u>@ 12/31/95</u>	@ 12/31/95	@ 12/31/95
233	1995	0	0	0	0	0	0	0	0	0
234	1994	0	0	0	0	0	0	0	0	0
232 233 234 235 236	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		0	0	0	0	0	0	0	0	0
237							· · · · · · · · · · · · · · · · · · ·			
238	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
239	Calendar Qtr 1996-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
240		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
241	Accident Year	<u>@ 3/31/96</u>	<u>@ 3/31/96</u>	<u>@ 3/31/96</u>	@ 3/31/96	<u>@ 3/31/96</u>	<u>@ 3/31/96</u>	<u>@ 3/31/96</u>	@ 3/31/96	<u>@ 3/31/96</u>
242	1996	0	0	0	0	0	0	0	0	0
243	1995	0	0	0	0	0	0	0	0	0
241 242 243 244 245 246	1994	0	0	0	0	0	0	0	0	0
245	1993 & prior	<u>0</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	Ō	Ō	Ō	<u>0</u>
		0	0	0	0	0	0	0	0	0
247										
248	<u> </u>									

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249	Group Name:	Name				BI/UM Liab	XXX			Exhibit 2A
250	Group NAIC #:	#				PD Liab				Sheet 8
251	Company Name:	Name			1	PIP				
252	Company NAIC #:	#			1	Phys Dam				
253	Year Filed:	2002				TOTAL				
254					_					
255	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
256		Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
257		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
258	Accident Year	@ 12/31/94	<u>@ 12/31/94</u>	<u>@ 12/31/94</u>	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94
259	1994	0	0	0	0	0	0	0	0	0
257 258 259 260 261	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>
		0	0	0	0	0	0	0	0	0
262										
263	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
264	Calendar Qtr 1995-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
265		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
266	Accident Year	@ 3/31/95	@ 3/31/95	<u>@ 3/31/95</u>	@ 3/31/95	<u>@ 3/31/95</u>	@ 3/31/95	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	@ 3/31/95
267	1995	0	0	0	0	0	0	0	0	o
268	1994	0	0	0	0	0	0	0	0	0
265 266 267 268 269 270	1993 & prior	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		00	0	0	0	0	0	0	0	0
271 272										
272										

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	Group Name:	Name				BI/UM Liab	XXX				Exhibit 3A
2	Group NAIC #:	#				PD Liab					Parts 1-3
3	Company Name:	Name				PIP					
4	Company NAIC #:	#				Phys Dam					I
5	Year Filed:	2002				TOTAL					
6											ĺ
7											
8	Part 1										
9	Cumulative										
10	Case Incurred										1
11	Loss + ALAE					nt Year					İ
12	as of	1994	<u>1995</u>	<u>1996</u>	<u>1997</u>		<u>1999</u>	<u>2000</u>	2001		ĺ
13	15 months	0	0	0	0		0	0	이		ł
14	27 months	0	0	0	0		0	0			İ
15	39 months	0	0	0	0		0		1		ł
12 13 14 15 16	51 months	0	0	. 0	0				l		ŀ
17	63 months	0	0	0	0						l
18 19	75 months	0	0	0							
19	87 months	0	0								
20	99 months	0									
21									0-141		0-145
22	Part 2				A! d 4 M				Col (A)	D	Col (B)
23	Development	1001	4005		Accident Year	4000	4000	2000	Incremental	Development	Cumulative
24 25 26 27	Factors	<u>1994</u> 1.000	<u>1995</u>	<u>1996</u>	<u>1997</u>		<u>1999</u> 1.000	<u>2000</u> 1.000	<u>LDF</u> 0.000	Factors 15 mo ult.	<u>LDF</u> 0.000
25	15-27 months 27-39 months	1.000	1.000 1.000	1.000 1.000	1.000 1.000		1.000	1.000	0.000	27 mo ult.	0.000
20	39-51 months	1.000	1.000	1.000	1.000		1.000		0.000	39 mo ult.	0.000
21	51-63 months	1.000	1.000	1.000	1.000				0.000	51 mo ult.	0.000
20	63-75 months	1.000	1.000	1.000	1.000				0.000	63 mo ult.	0.000
20	75-87 months	1.000	1.000	1.000					0.000	75 mo ult.	0.000
28 29 30 31	87-99 months	1.000	1.000						0.000	87 mo ult.	0.000
32	07 00 111011110	1.000						Tail Factor:	1.000	99 mo ult.	1.000
33											
	Part 3	Col (1)	Col (2)	Col (3)							ŀ
		` ,	` ,	Projected							l
36		Case Incurred	Loss + ALAE	Ultimate							ŀ
37		Loss + ALAE	Development	Loss + ALAE							1
38	Accident Year	@ 3/31/02	<u>Factor</u>	@ 3/31/02							1
39	2001	0	0.000	0							. [
40	2000	1,994	0.000	0							I
41	1999	0	0.000	0							İ
42	1998	0	0.000	0							ł
43	1997	0	0.000	0							ł
44	1996	0	0.000	0							Į.
35 36 37 38 39 40 41 42 43 44 45 46	1995	0	0.000	0							l
46											ŀ
47											

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48	Group Name:	Name				3I/UM Liab	XXX				Exhibit 3A
49	Group NAIC #:	#			7	D Liab					Parts 4-6
50	Company Name:	Name			ī	PIP					
51	Company NAIC #:	#			7	hys Dam					
52	Year Filed:	2002			7	TOTAL					
53					-						
53 54											
55	Part 4										ł
56 57	Cumulative										
57	Case incurred							1			
58	Loss + ALAE				Accident Year						
59	as of	1994	<u>1995</u>	<u>1996</u>	<u>1997</u>	1998	<u>1999</u>	2000			
60	15 months	0	0	0	0	0	0	0			l l
61	27 months	0	0	0	0	0	0				İ
58 59 60 61 62 63 64 65 66	39 months	0	0	0	0	0					1
63	51 months	0	0	, 0	0						
64	63 months	0	0	0							
65	75 months	0	. 0								
66	87 months	0						1			
67											i
68											
	Part 5								Col (A)		Coi (B)
70 71	Development			Acciden					Incremental	Development	Cumulative
71	<u>Factors</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	1998	1999		LDF	<u>Factors</u>	LDF
72	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
73 74	27-39 months	1.000	1.000	1.000	1.000	1.000			0.000	27 mo ult.	0.000
74	39-51 months	1.000	1.000	1.000	1.000	•			0.000	39 mo ult.	0.000
75	51-63 months	1.000	1.000	1.000					0.000	51 mo ult.	0.000
76	63-75 months	1.000	1.000						0.000	63 mo ult.	0.000
77	75-87 months	1.000							0.000	75 mo ult.	0.000
78 79								Tail Factor:	1.000	87 mo ult.	1.000
	Part 6	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)			i
	Parto	Col(1)	Loss + ALAE	Projected	COI (4)	Loss + ALAE	Projected				
81		Case Incurred		Ultimate	Case Incurred	Development	Projected Ultimate	Development Adjustment			ļ
82 83		Loss + ALAE	Development Factor		Loss + ALAE	Factor	Loss + ALAE				l
83	Accident Year	@ 3/31/02	@ 3/31/02	Loss + ALAE @ 3/31/02	@ 3/31/01	@ 3/31/01	@ 3/31/01	Col (3) -			1
84 85	1998	<u>(W, 3/3 1/02</u> N	0.000	0 3/31/02	<u>@ 3/31/01</u> 0	0.000	<u>@ 3/31/01</u>	Col (6)			l
86	1997	0	0.000	ő	0	0.000	0	Ŋ			j
100	1996	0	0.000	ő	0	0.000	0				
87 88	1995	0	0.000	ő	0	0.000	0	, l			į
89 90	1990	U	0.000	U	U	0.000	U	٩			
09						Total Developm	ant Adjustment	o			i
1 90											

J	Α	В	С	D	E	F	G
	Group Name:	Name		/UM Liab		XXX	Exhibit 4/
2	Group NAIC #:	#	Pi	O Liab			
3	Company Name:	Name	PI	P			
4	Company NAIC #:	#	PI	nys Dam			
5	Year Filed:	2002	TO	OTAL			
6							
7			Part 1 - Cou	ntrywide		Part 2 - New .	Jersey
8			Insurance Expe	nse Exhibit		Page 15	•
9			Col (1)	Col (2)	Col (3)	Col (4
10		Calendar Year 2001				<u> </u>	
11	. Item 1	Direct Written Premium	\$0			\$0	
12	Item 2	Direct Earned Premium	0			0	
13	Item 3	Direct Other Acquisition Expense	0	0.00	%	0	0.00%
14	Item 4	Direct General Expense	0	0.00	%	0	0.009
15	Item 5	Direct Commission & Brokerage	0	0.00	%	0	0.009
16	Item 6	Direct Taxes, Licenses & Fees	0	0.00	%	Ō	0.009
17	Item 7	Direct Prepaid Expenses	0	0.00	%	0	0.009
18	Item 8	LAD Fees Paid	N/A	N.		0	0.009
19						-	5.55
20			Part 1 - Cou	ntrvwide		Part 2 - New	lersev
21 22 23			Insurance Expe			Page 15	,
22			Col (1)	Col (2)	Col (3)	Col (4
23		Calendar Year 2000		-			
24	Item 1	Direct Written Premium	\$0			\$0	
25	Item 2	Direct Earned Premium	0			0	
26	Item 3	Direct Other Acquisition Expense	0	0.00	%	0	0.00%
27	item 4	Direct General Expense	Ō	0.00		Õ	0.00%
28	Item 5	Direct Commission & Brokerage	0	0.00		0	0.00%
29	Item 6	Direct Taxes. Licenses & Fees	Ō	0.00	%	0	0.00%
30	Item 7	Direct Prepaid Expenses	0	0.00		Ö	0.00%
31	Item 8	LAD Fees Paid	N/A	N.	A	0	0.00%
32						•	
			Part 1 - Cou	ntrvwide		Part 2 - New	lersev
33 34 35			Insurance Expe	•		Page 15	,
35			Col (1)	Col (2)	Col (3)	Col (4
36		Calendar Year 1999			-		
37	Item 1	Direct Written Premium	\$0			\$0	
38	Item 2	Direct Earned Premium	0			ő	
39	item 3	Direct Other Acquisition Expense	Ö	0.00	%	Ō	0.009
40	Item 4	Direct Earned Premium	Ö	0.00		ő	0.00%
41	Item 5	Direct Commission & Brokerage	Õ	0.00		Õ	0.00%
42	Item 6	Direct Taxes, Licenses & Fees	Ŏ	0.00		0	0.007
43	Item 7	Direct Prepaid Expenses	0	0.00		0	0.007
44	Item 8	LAD Fees Paid	N/A	0.00 N		ő	0.00%

Г	Α	T B	С	D	E I	F
1	Group Name:	Name	BI/UM Liab	XXX		Exhibit 5A
	Group NAIC #:	#	PD Liab			Part 1
3	Company Name:	Name	PIP			
4	Company NAIC #:	#	Phys Dam			
5	Year Filed:	2002	TOTAL	***************************************		
6						
7						
8	Part 1		1999	2000	2001	
9	Item 1	Agents Balances	0	0	0	
10	Item 2	Unearned Premium Reserve	0	0	o	
11	Item 3	Agents Balance Ratio [Item 1 / Item 2]	0.000	0.000	0.000	
12	Item 4	Direct Prepaid Expenses - NJ (Exhibit 4)	0	0	o	
13	Item 5	Direct Net Written Premium - NJ (Exhibit 4)	0	0	o	
14	Item 6	Prepaid Expense Ratio [Item 4 / Item 5]	0.000	0.000	0.000	
15	Item 7a	Direct Unearned Premium Reserve - Beginning (Exhibit 1)	0	. 0	o	
16	Item 7b	Direct Unearned Premium Reserve - Ending (Exhibit 1)	0	0	0	
17	Item 7	Average Unearned Premium Reserve [(Item 7a + Item 7b) / 2]	0	0	0	
18	Item 8	Investable Unearned Premium [Item 7 * (1 - Item 3 - Item 6)]	0	0	o	
19	Item 9a	Direct Unpaid Loss - Beginning (Exhibit 1)	0	0	0	
20	Item 9b	Direct Unpaid Loss - Ending (Exhibit 1)	0	0	o	
21	Item 9	Average Loss Reserve [(Item 9a + Item 9b) / 2]	0	0	0	
22	Item 10a	Direct Unpaid ALAE - Beginning (Exhibit 1)	0	0	0	
23	Item 10b	Direct Unpaid ALAE - Ending (Exhibit 1)	0	0	0	
24	Item 10	Average ALAE Reserve [(Item 10a + Item 10b) / 2]	0	0	o	
25	Item 11	ULAE Factor (Exhibit 2)	0.000	0.000	0.000	
26 27	Item 12	Average Loss + LAE Reserve [(Item 9 + Item 10) * Item 11]	0	0	o	
27	Item 13	Total Reserve [Item 8 + Item 12]	0	0	0	
28	Item 14	Rate of Return (Part 2C, Item 8, 3-Yr Total)	0.0%	0.0%	0.0%	
29	Item 15	Actual Investment Income Earned [Item 13 * Item 14]	0	0	0	
30						
31 32 33						
32						
33						
34						
34 35 36						
36						
37						
37 38 39						
39						

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1	Group Name:	Name	<u> </u>			Exhibit 5
2	Group NAIC #:	#				Part 2
3	Company Name:	Name				ĺ
4	Company NAIC #:	#				
5	Year Filed:	2002				
6						
7	Part 2A		Year Inv	vestment Purchase	ed	
8		Investment Income	1999	2000	2001	3-Yr Total
9	Item 1	Interest, Dividend & Real Estate Income	0			0
10	Item 2.1	Investment Expense Incurred	0	0	Ō	ō
11	Item 2.2	Depreciation on Real Estate	0	0	Ö	ől
12	Item 2.3	Unaffiliated Preferred Stock	0	0	0	ol
13	Item 2.4	Affiliated Preferred Stock	0	0	Ö	ol
14	Item 2.5	Unaffiliated Common Stock	0	0	0	ol
15	Item 2.6	Affiliated Common Stock	0	0	0	ol
16	Item 2.7	Other Invested Assets	0	0	0	ol
17	Item 2.8	Real Estate for Co's Own Occupancy	0	0	0	ol
18	Item 2	Total Deductions	. 0	0	0	ol
19	Item 3	Net Investment Income [Item 1 - Item 2]	0	0	0	o
20						
21						
	Part 2B			vestment Purchase		i
23		Invested Assets	<u>1999</u>	<u>2000</u>	<u>2001</u>	3-Yr Total
24	Item 4.1	Bonds Acquired	0	0	0	0
25	item 4.2	Mortgage Loans on Real Estate	0	0	0	0
26	Item 4.3	Real Estate Acquired	0	0	0	0
27	Item 4.4	Collateral Loans	0	0	0	0
28	Item 4.5	Cash on Hand and on Deposit	0	0	0	0
29	Item 4.6	Short-Term Investments	0	0	0	이
30	Item 4.7	Derivative Instruments	0	0	0	이
31	Item 4	Ending Invested Assets	0	0	0	이
32	Item 5	Average Invested Assets [item 4 / 2]	0	0	0	0
33						
	Part 2C			vestment Purchase		
35	_		<u>1999</u>	<u>2000</u>	<u>2001</u>	3-Yr Total
36	Item 6	Net Investment Income (Item 3)	0	0	0	0
37	Item 7	Average Invested Assets (Item 5)	0	0	0	0
38	Item 8	Rate of Return [Item 6 / Item 7]	0.0%	0.0%	0.0%	0.0%
39						

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	Group Name:	Name					BI/UM Liab	XXX				Exhibit 6
	Group NAIC #:	#					PD Liab PIP					Parts 1-3
	Company Name:	Name										
	Company NAIC #:	#					Phys Dam					
	Year Filed:	2002					TOTAL					
6												
7												
	Part 1 Cumulative											
9												
10	AIRE Allocation plus								[
11	Investment Income		4004	4005		ident Year	4000	4000				
12	Received as of 15 months		<u>1994</u> 0	1995	<u>1996</u>	<u>1997</u> 0	<u>1998</u> 0	1999	2000			
13	15 months 27 months		•	0	0	•	•	0	Ч			
14	27 months 39 months		0	0	0	0	0	0	l			
15	51 months		0	·0	0	0	0					
16 17	51 months		0	-	•	U			I			
18	63 months		0	0	0							
19	75 months 87 months		0	U								
20	or monus											
20	Part 2									Col (A)		Col (B)
	Development				· Acc	ident Year				Selected	Development	Projected
22 23 24 25 26 27 28	Factors		1994	1995	1996	1997	1998	1999		Factor	Factors	Factor
24	15-27 months		1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
25	27-39 months		1.000	1.000	1.000	1:000	1.000	7.000		0.000	27 mo ult.	0.000
26	39-51 months		1.000	1.000	1.000	1.000				0.000	39 mo ult.	0.000
27	51-63 months		1.000	1.000	1.000					0.000	51 mo ult.	0.000
28	63-75 months		1.000	1.000						0.000	63 mo ult.	0.000
29	75-87 months		1.000							0.000	75 mo ult.	0.000
30									<u> </u>	.,		
31	Part 3		Col (1)	Col (2)	Col (3)							
32		AIR	E Allocation		Projected							
33		plus	Investment		Ultimate							
34			Income	Development	Allocation plus							
35	Accident Year		@ 3/31/02	Factor	Investment Income							
36	2001 (Estimate)		0	0.000	0							
37	2000		0	0.000	ol							
38	1999		0	0.000	0							
32 33 34 35 36 37 38 39 40												
40		1994		·	······································							
												_

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1	A Group Name:	Name	1	С	D	E	F L 31/UM Liab	XXX ·	н		J	K Exhibit 6
	Group NAIC #:	#					PD Liab					Parts 4-7
	Company Name:	# Name					PIP					Paris 4-7
	Company NAIC #:	#										
		# 2002					Phys Dam					
	Year Filed:	2002				-	TOTAL					
46	0-44											
	Part 4								1			
48	AIRE Assessment		1001			ident Year						
49	Paid as of		1994	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	2000			
50	15 months		0	0	0	0	0	0	이			
51	27 months		0	0	0	0	0	0	i			
52	39 months		0	0	0	0	0					
53	51 months		0	0	0	0						
54	63 months		0	0	0							
49 50 51 52 53 54 55 56 57	75 months		0	0					l			
56	87 months		0									
57												
58	Part 5									Col (A)		Col (B)
59	Development					ident Year				Selected	Development	Projected
60	<u>Factors</u>		1994	<u>1995</u>	<u>1996</u>	<u>1997</u>	1998	<u>1999</u>		Factor	Factors	Factor
61	15-27 months		1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
62	27-39 months		1.000	1.000	1.000	1.000	1.000			0.000	27 mo ult.	0.000
63	39-51 months		1.000	1.000	1.000	1.000				0.000	39 mo ult.	0.000
64	51-63 months		1.000	1.000	1.000					0.000	51 mo ult.	0.000
65	63-75 months		1.000	1.000						0.000	63 mo ult.	0.000
66	75-87 months		1.000							0.000	75 mo ult.	0.000
67												
68	Part 6	•	Col (1)	Col (2)	Col (3)							
69			AIRE		Projected							
70			sment	Development	Ultimate							
71	Accident Year	<u>@ 3</u>	3/31/02	Factor	Assessment							
72	Development Factors 15-27 months 27-39 months 39-51 months 51-63 months 63-75 months 75-87 months Part 6 Accident Year 2001 (Estimate) 2000 1999		0	0.000	oj							
73	2000		0	0.000	0							
74	1999		0	0.000	<u>o</u>							
75	B 4 7											
76	Part 7			0.1.00	0.10							
"	Net AIKE		Col (1)	Col (2)	Col (3)							
78			jected	5								
79			ltimate	Projected	Net							j
80		Allocatio		Ultimate	AIRE							
81	Accident Year	Investment la		Assessment	(1) - (2)							
82	2001 (Estimate)		0	0	ol							j
83	2000		0	0	이							
84	Accident Year 2001 (Estimate) 2000 1999		0	0	0				····			

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	A	В	l c	D	E	F	G	Н	1	J Exhibit 7A				
	Group Name:			Name BI/UM Liab XXX										
	Group NAIC #:		#					PD Liab		Sheet 1				
	Company Name:			Name PIP										
_	Company NAIC #:		#					Phys Dam						
5	Year Filed:		2002					TOTAL						
6														
7														
8			Calendar Year											
9		5 6 5 1	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>				
10	Item 1 Excess	Profit Paid		0	0	0	0	0	0	0				
11														
12	O					-dV=	DC: 5	_:d						
13	Carryforwa			0004		ndar Year Ex			4000	4005				
14	for Accide	2001	<u>2002</u> 0	<u>2001</u> 0	<u>2000</u> 0	<u>1999</u> 0	<u>1998</u> 0	<u>1997</u> 0	<u>1996</u> 0	<u>1995</u> 0				
15	Item 2.2	2001	0	0	0	0	0	0	0	0				
16 17	Item 2.3	2000 1999	0	0	0	0 0		0	0	0				
18	Item 2.4	1998	XXX	0	0			0	0	0				
19	Item 2.5	1997	XXX	XXX	0	0	0	0	0	0				
20	Item 2.6	1996	XXX	XXX	XXX	0	0	0	0	0				
21	Item 2.7	1995	XXX	XXX	XXX	xxx	0	Ö	0	0				
22	Item 2.8	1994	XXX	XXX	XXX	XXX	xxx	Ö	0	0				
23	Item 2.9	1993	XXX	XXX	XXX	XXX	XXX	xxx	Ö	0				
24	Item 2.10	1992	XXX	XXX	XXX	XXX	XXX	XXX	XXX	o				
25	Item 2.11	1991	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
26	Item 2.12	1990	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
27	Item 2.13	1989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
28	Item 2.14	1988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
29	Item 2.15	1987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
30	Item 2.16	1986	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
31	Item 2.17	1985	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
32	Item 2.18	1984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
33	Item 2.19	1983	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
34														
35	Item 2 Total Carryforward Used		0	0	0	0	0	0	0	0				
36			•											
37	Item 3 Carryfor	ward Unused	0	0	0	0	0	0	0	0				

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1	К	<u> L L </u>	M	N	0	Р	Q	R BI/UM Liab	S XXX	Exhibit 7A		
2								PD Liab		Sheet 2		
3								PIP		Sheet 2		
4							_	Phys Dam				
5								TOTAL				
6							-	TOTAL				
7												
8	Calendar Year											
9	1994	1993	1992	1991	1990	1989	1988	1987	1986	Total		
10	0	0	0	. 0	0	0	0	0	0	0		
11										*****		
12												
13					ear Excess Pr							
14	<u>1994</u>	<u>1993</u>	<u>1992</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>	<u>1988</u>	<u>1987</u>	<u>1986</u>	<u>Total</u>		
15	0	0	0	0	0	0	0	0	0	0		
16	0	0	0	0	0	0	0	0	0	0		
17	0	0	0	0	0	0	0	0	이	이		
18	0	0	0	0	0	0	0	0	0	0		
19	0	0	0	0	0	0	0	0	0	이		
20	0	0	0	0	0	0	0	0	0	0		
21	0	0	0	0	0	0	0	0	0	0		
22	0	0	0	0	0	0	0	0	0	0		
23	0	0	0	0	0	0	0	0	0	0		
24	0	0	0	0	0	0	0	0	0	0		
25	0	0	0	0	0	0	0	0	0	0		
26	XXX	0	0	0	0	0	0	0	0	0		
27	XXX	XXX	0	0	0	0	0	0	0	0		
28	XXX	XXX	XXX	0	0	0	0	0	0	0		
29	XXX	XXX	XXX	XXX	0	0	0	0	0	0		
30	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0		
31	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0		
32	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
34	^	•	0	•	0	0	0	0	0	۵		
35	0	0	U	0	0	0	U	U	U	0		
36 37	0	0	0	0	0	0	0	0	0	o		
3/	U	U		<u> </u>	<u> </u>	U		V	U	U		

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1	Group Name:	Name		I/UM Liab	XXX	Exhibit 8A
2	Group NAIC #:	#	P	D Liab		
3	Company Name:	Name	P	IP		
4	Company NAIC #:	#	P	hys Dam		
5	Year Filed:	2002	_	OTAL		
6						
7			1999	2000	2001	Total
8	Item 1	Direct Calendar Year Written Premium [Exhibit 1A, Col (1), Item 4]	0	0	0	0
9	Item 2	Direct Calendar Year Earned Premium [Exhibit 1A, Col (2), Item 4]	0	0	0	0
	Item 3	Dividends excluding Refund of Excess Profit [Exhibit 1A, Col (3), Item 5b]	0	0	0	0
10 11	Item 4	Net AIRE [Exhibit 6, Part 7, Col (3)]	0	0	0	0
12	Item 5	Direct Calendar Year Net Earned Premium [Item 2 - Item 3 + Item 4]	0	0	0	0
13		·				
13 14	Item 6	Direct Accident Year Ultimate Loss & ALAE [Exhibit 3A, Part 3, Col (3)]	0	0	0	0
15	Item 7	ULAE Ratio [Exhibit 2A, Part 3, Col (23)]	0.000	0.000	0.000	0.000
16	Item 8	Direct Accident Year Ultimate Loss & LAE [Item 6 * Item 7]	0	0	0	0
16 17	Item 9	Direct Accident Year Ultimate Loss & LAE Ratio [Item 8 / Item 5]	0.000	0.000	0.000	0.000
18						
19 20	Item 10	Direct Commission & Brokerage [Exhibit 4A, Col (3), Item 5]	0	0	0	0
20	Item 11	Direct Other Acquisition Expense [Exhibit 4A, Col (3), Item 3]	0	0	0	0
21	Item 12	Direct General Expense [Exhibit 4A, Col (3), Item 4]	0	0	0	0
22	Item 13	Direct Taxes, Licenses & Fees [Exhibit 4A, Col (3), Item 6]	0	0	0	0
22 23	Item 14a	LAD Fees Paid [Exhibit 4A, Col (3), Item 8]	0	0	0	0
24	item 14b	Percentage Reflected in Excess Profit Report	0%	0%	0%	
24 25	Item 14	Item 14a * Item 14b	0	0	0	0
26	Item 15	Total Expenses [Sum (Item 10 - Item 14)]	0	0	0	0
27		· · · · ·				-
28	Item 16	Underwriting Income [Item 5 - Item 8 - Item 15]	0	0	0	0
29	Item 17	Allowance for Profit & Contin. [Item 2 * Clifford Formula 5.38% Pre-Tax]	0	0	0	0
30	Item 18	Investment Income Earned [Exhibit 5A, Part 1, Item 15]	0	0	0	0
31	Item 19	Actuarial Gain [Item 16 - Item 17 + Item 18]	0	0	0	0
32			•			
33 34 35	Item 20	Total Development Adjustment [Exhibit 3A, Part 6, Col (7)]				. 0
34	Item 21	Total Actuarial Gain (Item 19 - Item 20)				0
35		,				
36	Item 22	Additional Non-Excessive Profit Allowance [Item 2 * 3.85% Pre-Tax]	***		***	0
37	Item 23	Holding Company Non-Excessive Subsidization [Item 2 * 0.5%]				0
38	Item 24	Gross Excess Profit / (Loss) [Item 21 - Item 22 - Item 23]				0
39		, ,,,				
40	Item 25	Carryforward of a Prior Refund of Excess Profit (Exhibit 7A, Item 2)	0	0	0	0
41			-	_	_	_
42	Item 26	Net Excess Profit / (Loss) [Item 24 - Item 25]				0

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	Group Name:		Name					I/UM Liab									Input S	
	Group NAIC		#					D Liab		XXX	•						Secti	on B
	Company Na		Name					IP		· · · · · · · · · · · · · · · · · · ·	•							
	Company NA	IC #:	*					hys Dam			•							
	Year Filed:		2002				_1	OTAL			-							
8																		
	Exhibit 1									Calend	lar Year							
		al Statamar	nt - NJ Page 15, Line 19.2 (PD)		2001		2000		1999	1998		1997		1996		995		1994
			ns (Items 3a-3f) only if the data is include	d in Hem 1	2001		2000		1000	1000		1001	-	1000	-	885	•	100-
	Direct Writte		is (items sa-or) only it the data is include	o unicem r.														
	Col (1)	Item 1	Total		0		0		0	0		0		0		0		0
12 13	Col (1)	Item 2	UCJF Assessments	XX		XXX	·	XXX	•	xxx	xxx	٠	XXX	·	XXX	•	XXX	Ĭ
14	Col (1)	Item 3a	Motorcycles	. , , , , , ,	` 0	,,,,,	0		0	0		0	,,,,	0	,,,,	0		0
14 15	Col (1)	item 3b	Off-Road Vehicles		ō		ō		ō	0		ŏ		ŏ		ō		0
16	Col (1)	Item 3c	Motor Homes		ŏ		ō		Ö	ō		ő		ŏ		Ö		0
17	Col (1)	Item 3d	Antique Auto		Ō		Ō		ō	0		0		Ō		0		0
18	Col (1)	Item 3e	Excess Liability		0		0		ō	Ō		0		0		0		0
19	Col (1)	Item 3f	Finance & Service Charges	,	0		Ó		0	0		0		0		0		0
18 19 20	• •	_																
21	Direct Earne	d Premium																
	Col (2)	Item 1	Total		0		0		0	0		0		0		0		0
23	Col (2)	Item 2	UCJF Assessments	XX	(XXX		XXX		XXX	XXX		XXX		XXX		XXX	
22 23 24 25 26 27 28 29 30	Col (2)	Item 3a	Motorcycles		0		0		0	0		0		0		0		0
25	Col (2)	Item 3b	Off-Road Vehicles		0		0		0	0		0		0		0		0
26	Col (2)	Item 3c	Motor Homes		0		0		0	0		0		0		0		0
27	Col (2)	Item 3d	Antique Auto		0		0		0	0		0		0		0		0
28	Col (2)	Item 3e	Excess Liability		0		0		0	0		0		0		0		0
29	Col (2)	Item 3f	Finance & Service Charges		0		0		0	0		0		0		0		. 0
30																		
31 32 33 34 35 36 37 38	Paid Dividen		ess Profit Refunds)															1
32	Col (3A)	Item 1	Total		0		0		0	0		0		0		0		0
33	Col (3A)	Item 3a	Motorcycles		0		0		0	0		0		0		0		0
34	Col (3A)	Item 3b	Off-Road Vehicles		0		0		0	0		0		0		0		0
35	Col (3A)	Item 3c	Motor Homes		0		0		0	0		0		0		0		0
36	Col (3A)	Item 3d	Antique Auto		0		0		0	0		0		0		0		0
37	Col (3A)	item 3e	Excess Liability		0		0		0	0		0		0		0		U
38			Idaada (Inal Europa Basii Bairada)															
39			idends (incl. Excess Profit Refunds) Total		0		0		0	0		0		0		0		0
40	Col (3B) Col (3B)	item 1 Item 3a	Motorcycles		0		0		0	0		0		0		0		0
41	Col (3B)	item 3b	Off-Road Vehicles		0		0		0	0		0		0		0		0
1	Col (3B)	Item 3c	Motor Homes		0		0		0	0		0		0		0		0
41 42 43 44 45 46 47	Col (3B)	Item 3d	Antique Auto		0		ő		Ö	0		0		Ö		0		0
45	Col (3B)	Item 3e	Excess Liability		0		ő		Ö	0		ő		Ö		Ö		0
40	~~ (SD)	nom oc	and a contract of the contract		v		•		•	·		٠		•		•		
177	Direct Unes	ned Premiur	n Reserves															
	Col (4)	Item 1	Total		0		0		0	0		0		0		0		0
48 49 50 51 52 53	Col (4)	Item 3a	Motorcycles		ō		ō		ō	ō		ŏ		ō		ō		ō
50	Col (4)	Item 3b	Off-Road Vehicles		ō		ō		ō	0		ō		ō		ō		ō
51	Col (4)	item 3c	Motor Homes		ō		ō		ŏ	Ō		ō		ō		Ō		ō
52	Col (4)	Item 3d	Antique Auto		ō		ō		ō	ō		ō		Ō		Ō		0
53	Col (4)	Item 3e	Excess Liability		0		0		0	0		0		0		0		0
54			<u>.</u>															

	N	Т о		о т			s													
H	Group Name		Name		R			BI	UM Liab				<u>v</u>		W		^		Input Si	-
	Group NAIC		#) Liab		XXX								Section	
	Company Na		Wame					Pi											Occur	"" "I
	Company NA		#						ys Dam											1
	Year Filed:		2002					TC	TAL											1
6																				
7																				
55	Direct Paid																			
56	Col (5)	item 1	Total			0		0		0		0		0		0		0		o
57	Col (5)	item 2	Excess Medical Benefits		XXX	_	XXX	_	XXX	_	XXX	_	XXX	_	XXX	_	XXX	_	XXX	
56 57 58 59	Col (5)	item 3a item 3b	Motorcycles Off-Road Vehicles			0		0		0		0		0		0		0		្ព
30	Col (5) Col (5)	ttem 3c	Motor Homes			0		0		0		0		0		0		0		្ត
81	Col (5)	Item 3d	Antique Auto			Ö		0		0		0		Ö		0		0		ä
62	Col (5)	Item 3e	Excess Liability			Ö		ő		ő		ő		ő		0		Ö		ŏ
60 61 62 63	50 . (5)		Excess Elebiniy			·		•		•		·		Ū		·		·		Ĭ
64		red Loss (Cas	se + Bulk/IBNR)																	1
65	Col (6)	item 1	Total			0		0		0		0		0		0		0		0
66	Col (6)	item 2	Excess Medical Benefits	•	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
66 67 68 69 70 71 72	Col (6)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
68	Col (6)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
69	Col (6)	Item 3c	Motor Homes			0		0		0		0		0		0		0		0
70	Col (6) Col (6)	item 3d Item 3e	Antique Auto Excess Liability			0		0		0		0		0		0		0		ď
121	COI (0)	item se	Excess Liability			U		U		U		U		U		U		U		٩
173	Direct Linna	id Loss (Case	+ Rull/IRNR\																	1
74	Col (7)	Item 1	+ Bulk/IBNR) Total			0		0		0		0		0		0		0		٥
75	Col (7)	Item 2	Excess Medical Benefits		XXX	-	XXX	•	XXX	•	XXX	•	XXX	•	XXX	•	XXX	•	XXX	Ĭ
76	Col (7)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
77	Col (7)	item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
78	Col (7)	item 3c	Motor Homes			0		0		0		0		0		0		0		0
79	Col (7)	Item 3d	Antique Auto			0		0		0		0		0		0		0		0
75 76 77 78 79 80 81	Col (7)	item 3e	Excess Liability			0		0		0		0		0		0		0		0
	Disset Baid I	Defense & Co	st Containment (ALAE)																	1
쁡	Col (8)	Item 1	Total			0		0		0		0		0		0		0		0
121	Col (8)	Item 3a	Motorcycles			ő		0		ő		ő		ő		0		0		ŏ
85	Col (8)	item 3b	Off-Road Vehicles			ō		Ö		ō		Õ		ŏ		ő		Ö		ŏ
86	Col (8)	Item 3c	Motor Homes			ō		o ´		ō		ŏ		ō		ō		ō		ō
87	Col (8)	item 3d	Antique Auto			0		0		ō		Ō		ō		ō		Ō		0
83 84 85 86 87 88 89	Col (8)	item 3e	Excess Liability			0		0		0		0		0		0		0		0
89																				1
			se + Bulk/IBNR)			•		•		_				_		_		_		٦
121	Col (9)	Item 1	Total			0		0		0		0		0		0		0		0
15	Col (9) Col (9)	Item 3a Item 3b	Motorcycles Off-Road Vehicles			0		0		0		0		0		0		0		0
13	Col (9)	item 36	Motor Homes			0		0		0		0		0		0		0		0
12	Col (9)	item 3d	Antique Auto			0		0		0		0	*.	0		0		0		ö
96	Col (9)	Item 3e	Excess Liability			Ö		Ö		Ö		0		ő		0		0		ŏ
91 92 93 94 95 96 97	(-)					-		-		•		•		-		-		-		1
98			e +Bulk/IBNR)																	- 1
99	Col (10)	item 1	Total			0		0		0		0		0		0		0		이
100	Col (10)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
101	Col (10)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
102 103	Col (10)	Item 3c	Motor Homes			0		0		0		0		0		0		0		0
103 104	Col (10) Col (10)	Item 3d Item 3e	Antique Auto Excess Liability			0		0		0		0		0		0		0		0
105	- Co. (10)	item oc	EAUGOS LIQUIILY			<u> </u>		<u> </u>		·				<u> </u>		<u> </u>		U		씍
106																				- 1
_																				

	N	0	P	I 0	R	S	-	Ť		U		V		W		X		Y
1 Gro	oup Name:		Name					BI/UM Liab			-							Input She
	oup NAIC #		#				7	PD Liab		XXX								Section
3 Co	mpany Nar	me:	Name				7	PIP		***************************************								
4 00	mpany NAI	IC #:	#				7	Phys Dam										
5 Yea	ar Filed:		2002				7	TOTAL										
6							_											
7																		
107 Ex	hibit 2 - Pa	rt 1																
108 All	ocation of	Page 15 data	from Exh 1) by	Accident Year						Calenda	r Year Pa	id Loss						
109					2001		2000		1999	19	998	1	997		996		1995	199
	remental [Direct Paid Los	is.															
111	Col (1)	AY 2001, Pai	in the CY		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
112	Col (1)	AY 2000, Pai	in the CY		0		0	XXX		XXX		XXX		XXX		XXX		XXX
113	Col (1)	AY 1999, Pai	in the CY		0		0		0	XXX		XXX		XXX		XXX		XXX
114	Col (1)	AY 1998, Pai			0		0		0		0	XXX		XXX		XXX		XXX
112 113 114 115 116 117 118 119 120 121 122	Col (1)	AY 1997, Pai			0		0		0		0		0	XXX		XXX		XXX
116	Col (1)	AY 1996, Pai			0		0		0		0		0		0	XXX		XXX
117	Col (1)	AY 1995, Pai			0		0		0		0		0		0		0	XXX
118	Col (1)	AY 1994, Pai			0		0		0		0		0		0		0	
119	Col (1)		or, Paid in the (<u>CY</u>	<u>0</u>		0		0		<u>0</u>		Ō		<u>0</u>		<u>o</u>	
120		Total			0		0		0		0		0		0			
121		Exhibit 1, Col	(5)		0		0		0		0		0		0		0	
122																		
123 Din	ect Unpaid	d Case Loss			_													
124	Col (3A)	AY 2001, Unp	aid at the end o		0	XXX	_	XXX		XXX		XXX		XXX		XXX		XXX
125	Col (3A)	AY 2000, Unp	aid at the end o		0		0	XXX	•	XXX		XXX		XXX		XXX		XXX
126	Col (3A)	AY 1999, Unp	aid at the end o		0		0		0	XXX		XXX		XXX		XXX		XXX
127	Col (3A)	AY 1998, Unp	aid at the end o		0		0		0		0	XXX		XXX		XXX		XXX
128	Col (3A)	AY 1997, Unp	aid at the end o		0		0		0		0		0	***		XXX		XXX
129	Col (3A)	AY 1996, Unp	aid at the end o		0		0		0		0		0		0	XXX	•	XXX XXX
130	Col (3A)	AT 1995, UNE	aid at the end o		0		0		0		0		0		0		0	***
131	Col (3A)	AT 1994, UNL	aid at the end o		-		•		-		-							
132	COI (SA)	Total	or, Unpaid at th	E CIRCUICT	<u>o</u>		<u>0</u>		<u>0</u>		<u>0</u>		<u>0</u>		<u>o</u>		<u>0</u>	
133		i Ulai			U		U		U		U		U		U		U	
134 135 Din	act linnsk	d Case Loss AY 2001, Unp AY 2000, Unp AY 1999, Unp AY 1998, Unp AY 1996, Unp AY 1996, Unp AY 1995, Unp AY 1995, Unp AY 1994, Unp AY 1993 & pr Total	166															
	Col (3B)		aid at the end o	of CY	0	XXX		XXX		XXX		xxx		XXX		xxx		XXX
137	Col (3B)		aid at the end o		0	,,,,,,	0	XXX		XXX		XXX		XXX		XXX		XXX
138	Col (3B)		aid at the end o		0		ő	,,,,,	0	XXX		XXX		XXX		XXX		XXX
139	Col (3B)		aid at the end o		0		ő		0	,	0	XXX		XXX		XXX		XXX
140	Col (3B)		aid at the end o		ő		ő		0		Ö	,	0	XXX		XXX		XXX
141	Col (3B)		aid at the end o		Ō		ō		0		ō		ō	•	0	XXX		XXX
142	Col (3B)		aid at the end o		Ō		0		ō		ō		ō		ō	,	0	XXX
143	Col (3B)		aid at the end o		Ō		ō		ō		Ō		ō		ō		ō	
144	Col (3B)		or, Unpaid at th		0		0		0		0		<u>o</u>		<u>o</u>		Ō	
145	,	Total			õ		ō		ō		ō		ō		ō		ō	,
146		,																
136 137 138 139 140 141 142 143 144 145 146 147 148		Total Col (3A)	+ Col (3B)		0		0		0		0		0		0		0	
148		Exhibit 1, Col			0		0		0		0		0		0		0	
149		•																

	N	Т о	ТБ		Q		R		s				U		v		W		×			
H	Group Name:		Name		<u> </u>						/UM Liab		<u>`</u>		<u>v</u>				 -		Input SI	2001
	Group NAIC #		manne #) Liab		XXX								Section	
	Company Na		# Name							뒴											Secur	ات ۳۰
	Company NA		#								rys Dam											- 1
	Year Filed:	IC π.	2002								OTAL											1
6	Tear Fried.		2002								717L											
7																						- 1
150	Incremental	Direct Paid AL	AE																			\neg
151	Col (5)	AY 2001, Pai						0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	- 1
151 152 153 154	Col (5)	AY 2000, Pai						ō	,,,,,	0	XXX		XXX		XXX		XXX		XXX		XXX	- 1
153	Col (5)	AY 1999, Pai						ŏ		ō	,,,,	0	XXX		XXX		XXX		XXX		XXX	- 1
154	Col (5)	AY 1998, Pai						Ō		ō		ō		0	XXX		XXX		XXX		XXX	
155	Col (5)	AY 1997, Pai						0		ō		ō		Ō		0	XXX		XXX		XXX	
156	Col (5)	AY 1996, Pai						0		0		0		0		0		0	XXX		XXX	- 1
155 156 157 158 159 160	Col (5)	AY 1995, Pai						0		0		0		0		0		0		0	XXX	ļ
158	Col (5)	AY 1994, Pai						0		0		0		0		0		0		0		0
159	Col (5)		ior, Paid in the	CY				0		0		0		<u>o</u>		0		0		<u>o</u>		0
160		Total						0		0		Ō		Õ		ō		0		0		0
161		Exhibit 1, Col	(8)			•		0		0		0		0		0		0		0		0
162			• •																			
163	Direct Unpak	d Case ALAE																				- 1
164	Col (7A)	AY 2001, Unp	aid at the end o	of CY				0	XXX		. XXX		XXX		XXX		XXX		XXX		XXX	
164 165	Col (7A)		aid at the end o					0		0	XXX		XXX		XXX		XXX		XXX		XXX	
166 167	Col (7A)	AY 1999, Unp	aid at the end o	of CY				0		0		0	XXX		XXX		XXX		XXX		XXX	
167	Col (7A)	AY 1998, Ung	aid at the end o	of CY				0		0		0		0	XXX		XXX		XXX		XXX	- 1
168	Col (7A)		aid at the end o					0		0		0		0		0	XXX		XXX		XXX	
168 169 170 171 172 173	Col (7A)		aid at the end o					0		0		0		0		0		0	XXX		XXX	
170	Col (7A)		aid at the end o					0		0		0		0		0		0		0	XXX	- 1
171	Col (7A)		aid at the end o					0		0		0		0		0		0		0		0
172	Col (7A)		ior, Unpaid at th	ne end of CY				<u>o</u>		<u>o</u>		<u>o</u>		<u>o</u>		o O		<u>o</u>		<u>o</u>		<u>o</u>
173		Total						0		0		0		0		O		0		0		0
		d Bulk/IBNR A																				
176	Col (7B)		aid at the end o					0	XXX	_	XXX		XXX		XXX		XXX		XXX		XXX	
177	Col (7B)		aid at the end o					0		0	XXX	_	XXX		XXX		XXX		XXX		XXX	
178	Col (7B)		aid at the end o					0		0		0	XXX	•	XXX		XXX		XXX		XXX	
179	Col (7B)		aid at the end o					0		0		0		0	XXX	•	XXX		XXX		XXX	
180	Col (7B)		aid at the end o					Ü		0		0		0		0	XXX	•	XXX		XXX	
181	Col (7B)		aid at the end o					0		0		0		0		0		0	XXX	•	XXX	- 1
182	Col (7B)		aid at the end o					0		0		0		0		-		_		0	***	
183	Col (7B)		aid at the end of or, Unpaid at th					•		•		-		-		0		0				۷
184	Col (7B)	AY 1993 & pr	or, Unpaid at th	e end of CY				0		0		<u>0</u>		<u>0</u> 0		<u>o</u>		<u>o</u>		<u>o</u>		ñ
178 179 180 181 182 183 184 185 186		lotal						U		U		U		U		U		U		U		U
186		Total Col (7A	+ Col (78)					0		0		0		0		0		0		0		
187 188		Exhibit 1, Col						0		0		0		0		ő		0		0		.,
100		CATRIDIT 1, COL	(10)					<u> </u>						<u> </u>		<u> </u>		<u> </u>		<u> </u>		
189 190																						
100																						

	N	0	P	l 0	R	S		T	Ü		V		W		X		Y
	Group Name:		Name					BI/UM Liab									Input Sheet
2	Group NAIC #	t:	#					PD Liab	XXX								Section B
3	Company Nai	ne:	Name					PIP									
	Company NA	C #:	#					Phys Dam									
5	Year Filed:		2002					TOTAL									
6																	
7																	
191	Exhibit 2 - Pa	rt 2															
192	Allocation of	Calendar Qu	arter 1, by Acci	dent Year					First	Quarte	r Paid Loss						
193					1Q 2002	1C	2001	1Q 200	0 10	1999	1Q 19	98	1Q 1	997	1Q 1	996	1Q 1995
194		Direct Paid Le	0\$5														-
195 196 197	Col (10)	AY 2002, Pa	id in the CQ		0	XXX		XXX	XXX		XXX		XXX		XXX		XXX
196	Col (10)	AY 2001, Pa	id in the CQ		0		0	XXX	XXX		XXX		XXX		XXX		XXX
197	Col (10)	AY 2000, Pa	id in the CQ		0		0		0 XXX		XXX		XXX		XXX		XXX
198	Col (10)	AY 1999, Pa	id in the CQ		0		0		0	0	XXX		XXX		XXX		XXX
198 199 200 201 202 203 204 205 206	Col (10)	AY 1998, Pa	id in the CQ		0		0		0	0		0	XXX		XXX		XXX
200	Col (10)	AY 1997, Pa	id in the CQ		0		0		0	0		0		0	XXX		XXX
201	Col (10)	AY 1996, Pa	id in the CQ		0		0		0	0		0		0		0	XXX
202	Col (10)	AY 1995, Pa	id in the CQ	•	0		0		0	0		0		0		0	0
203	Col (10)	AY 1994, Pa	id in the CQ		0		0		0	0		0		0		0	0
204	Col (10)	AY 1993 & g	rior, Paid in the	CQ	0		0		<u>0</u>	<u>o</u>		<u>0</u>		<u>0</u>		<u>o</u>	0
205	` '	Total			ō		ō		Ō	ō		ō		ō		0	ō
206																	
207	Direct Unpak	d Case Loss															
208	Col (12A)	AY 2002, Ur	paid at the end	of CQ	0	XXX		XXX	XXX		XXX		XXX		XXX		xxx
209 210	Col (12A)	AY 2001, Ur	paid at the end	of CQ	0		0	XXX	XXX		XXX		XXX		XXX		XXX
210	Col (12A)	AY 2000, Ur	paid at the end	of CQ	0		0		0 XXX		XXX		XXX		XXX		xxx
211	Col (12A)	AY 1999, Ur	paid at the end	of CQ	0		0		0	0	XXX		XXX		XXX		xxx i
212	Col (12A)		paid at the end		0		0		0	0		0	XXX		XXX		xxx
213	Col (12A)		npaid at the end		0		0		0	0		0		0	XXX		XXX
214	Col (12A)		paid at the end		0		0		0	0		0		0		0	XXX
215	Col (12A)		npaid at the end		0		0		0	0		0		0		0	0
216	Col (12A)	AY 1994, Ur	npaid at the end	of CQ	0		0		0	0		0		0		0	o
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211 212 213 214 215 216 217 218 219																	
220	Direct Unpak	Bulk/IBNR	Loss														
221	Col (12B)		npaid at the end	of CQ	0	XXX		XXX	XXX		XXX		XXX		XXX		XXX
222	Col (12B)	AY 2001, U	npaid at the end	of CQ	0		0	XXX	XXX		XXX		XXX		XXX		XXX
223	Col (12B)	AY 2000, Ur	paid at the end	of CQ	0		0		0 XXX		XXX		XXX		XXX		XXX
224	Col (12B)	AY 1999, Ur	paid at the end	of CQ	0		0		0	0	XXX		XXX		XXX		XXX
222 223 224 225 226 227 228 229 230 231 232	Col (12B)	AY 1998, Ur	paid at the end	of CQ	0		0		0	0		0	XXX		XXX		XXX
226	Col (12B)	AY 1997, Ur	paid at the end	of CQ	0		0		0	0		0		0	XXX		XXX
227	Col (12B)	AY 1996, Ur	paid at the end	of CQ	0		0		0	0		0		0		0	XXX
228	Col (12B)		paid at the end		0		0		0	0		0		0		0	0
229	Col (12B)	AY 1994, UI	npaid at the end	of CQ	0		0		0	0		0		0		0	· o
230	Col (12B)		prior, Unpaid at the		0		<u>0</u>		<u>o</u>	0		<u>0</u>		<u>o</u>		<u>o</u>	. 0
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art 1	Item 2	Unearned Premium Reserve	XXX	XXX	XXX	XXX				XXX
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rt 2A	Item 1	Interest, Dividend & Real Estate Income	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
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rt 2A	Item 2.2	Depreciation on Real Estate	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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ırt 2A	Item 2.6	Affiliated Common Stock	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
	Item 2.7	Other Invested Assets	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
ırt 2A	item 2.8	Real Estate for Co's Own Occupancy	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	Item 4.1	Bonds Acquired	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Item 4.2	Mortgage Loans on Real Estate					XXX	XXX	XXX	XXX
	Item 4.3							XXX	XXX	XXX
	Item 4.4									XXX
	Item 4.5	Cash on Hand and on Deposit							XXX	XXX
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rt 2B	Item 4.7	Derivative Instruments	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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Excess Profit	Dad d Dalid			<u>1993</u>	<u>1992</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>	<u>1988</u>	<u>1987</u>	1
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	Item 2.3	in AY 1999		ō	Ö	ō	0	0	ő	Ö	
	Item 2.4	in AY 1998		0	0	0	0	Ō	Ō	0	
	Item 2.5	in AY 1997		0	0	0	0	0	0	0	
	Item 2.6	in AY 1996		0	0	0	0	0	0	0	
	Item 2.7	in AY 1995		0	0	0	0	0	0	0	
	Item 2.8	in AY 1994		0	0	0	0	0	0	0	
	Item 2.9	in AY 1993		0	0	0	0	0	0	0	
	Item 2.10	in AY 1992		0	0	0	0	0	0	0	
	Item 2.11	in AY 1991		0	0	-	0	0	0	0	
	Item 2.12	in AY 1990		0	0		0	0	0	0	
	Item 2.13	in AY 1989		XXX	0		0	0	0	0	
	Item 2.14	in AY 1988		XXX	XXX	0	0	0	0	0	
	Item 2.15	in AY 1987		XXX	XXX	XXX	0	-	0	0	
	Item 2.16	in AY 1986		XXX	XXX	XXX	XXX	0	0	0	
	Item 2.17	in AY 1985		XXX	XXX	XXX	XXX	XXX	0	0	
	Item 2.18	in AY 1984		XXX	XXX	XXX	XXX	XXX	XXX	0	
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	Group Na		Name				BI/UM Liab								Exhibit 1B
	Group NA		#				PD Liab		XXX						Sheet 1
	Company		Name			_	PIP								
	Company		#				Phys Dam								
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6	Onlandar	V		0-1	41	0.1(0)	0-1/6			771		1.453		1.(0)	0.1.0
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8				Dire		Direct	Dividend			ect		Direct		rect	Direct
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10		0	46	<u>Premiu</u>		<u>Premium</u>	<u>Busines</u>		<u>Premi</u>		LO	sses	LOS	ses	Losses
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15		D-64-65	, , , , , , , , , , , , , , , , , , ,	VVV		VVV		•	100		1000		1004		2007
	Item 5a		xcess Profit, included in Col (3)	XXX		XXX		0	XXX		XXX		XXX		XXX
17	Item 5b	All Other Dr	vidends, included in Col (3)	XXX		XXX	,	0	XXX		XXX		XXX		XXX
18	ĺ														
19	l					0-1(0)	0-1.0	٥,	0-14	40)					
20	l					Col (8)	Col (9		Col (
21	1					Direct	Direc			ect					
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23	Item 1	Causas Das	4E			ALAE	ALA	드	AL	<u>AE</u>					
24	Item 2	Source: Pag				Û		Ü		U					
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27 28															
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29	Group Na		Name			BI/UM Liab	L			Exhibit 1B
	Group NA		#			PD Liab	XXX			Sheet 2
	Company		Name			PIP				
	Company		#			Phys Dam				
	Year Filed		2002			TOTAL				
34	1									
35	Calendar	Year 2000		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
36]			Direct	Direc	Dividends	Direct	Direct	Direct	Direct
37]			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
36 37 38	3			<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	<u>Losses</u>	<u>Losses</u>	<u>Losses</u>
39	Item 1	Source: Pag	ge 15	0	C	-	_	0	0	0
	Item 2	UCJF Asset	ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41	Item 3	Total Exclus		0	C	-		0	0	0
42	item 4	Excess Prof	fit Data (Item 1 - Item 2 - Item 3)	0	C	0	0	0	0	0
43			,							
	item 5a		excess Profit, included in Col (3)	XXX	XXX	0		XXX	XXX	XXX
_	Item 5b	All Other Di	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	xxx
46 47 48 49 50	4									
47	4									
48	4				Col (8)					
49	4				Direct					
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		O D	45		ALAE	_				
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1 56	<u></u>									

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1 = 7	Group Na	M	N Name	0	L	BI/UM Liab	R		S			Exhibit 1B
	Group NA		#			PD Liab	XXX					Sheet 3
	Company		Name			PIP						Onco: o
	Company		#			Phys Dam						
	Year Filed		2002			TOTAL						
62	Tour Tilou	•	2002									
63	Calendar '	Year 1999		Col (1)	Col (2)	Col (3) (Col (4)	Co	ol (5)	Col (6) Col (7)
64				Direct				Direct		irect	Direc	
65				Written	Earned	on Dire	ct Une	arned		Paid	Incurred	
66				Premium	Premium	Busines	ss Pre	mium	Lo	sses	Losses	•
67	Item 1	Source: Pag	ne 15	0			0	0	_	0		
68	Item 2		ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX		XXX		XXX	XXX
69	Item 3	Total Exclus	sions	0	0	1	0	0		0	(0
70	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	C	1	0	0		0	(0
71												
72	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX		0 XXX		XXX		XXX	XXX
73	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX		0 XXX		XXX		XXX	XXX
74												
74 75 76 77 78 79												
76					Col (8)	Col (9) Co	ol (10)				
77					Direct	Dire	ect	Direct				
78					Paid	Incurre	ed U	Inpaid				
79					ALAE	ALA	<u>ve</u>	<u>ALAE</u>				
	Item 1	Source: Pag			0	1	0	0				
81	Item 3	Total Exclus	ions		<u>Q</u>	!	<u>0</u>	<u>o</u>				
82	Item 4	Excess Prof	it Data (Item 1 - Item 3)		0		0	0				
83 84												
84												

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105	Group Na		Name	<u> </u>		BI/UM Liab	R			Exhibit 1B
	Group NA		#			D Liab	XXX			Sheet 4
	Company		Name			PIP				Silect 4
	Company		#			Phys Dam				
80	Voor Eilo	NAIC#.	2002			OTAL				
100	Year File	u.	2002	•		UIAL				
90	Calendar	Year 1998		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
92	100.00	1001 1000		Direct	Direct	Dividends	Direct	Direct	Direct	Direct
103	l			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
104	1			Premium	Premium	Business	Premium	Losses	Losses	Losses
95	Item 1	Source: Pag	no 15	0	0	0	0	0	0	0
1 35	Item 2		ssments & Excess Medical Benefits	xxx	xxx	xxx	xxx	xxx	xxx	xxx
	Item 3	Total Exclus		~~~ n	0	0	~~~	^~~	^~~	~~~ n
	Item 4		fit Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
99		LACESS FIOI	it Data (item 1 - item 2 - item 5)	U	U	U	U	U	U	U
	Item 5a	Refund of F	xcess Profit, included in Col (3)	xxx	xxx	0	xxx	xxx	XXX	xxx
	Item 5b		vidends, included in Col (3)	XXX	XXX	Ö	XXX	XXX	XXX	XXX
102				,,,,,		•	,,,,	,,,,,	,,,,	7001
102 103 104 105 106	1									
104	İ				Col (8)	Col (9)	Col (10)			
105	l				Direct	Direct	Direct			
106	İ				Paid	Incurred	Unpaid			
107	İ				ALAE	ALAE	ALAE			
	Item 1	Source: Pag	ne 15		<u></u>	0	<u>,</u>			
	Item 3	Total Exclus			ñ		n			
	Item 4		it Data (Item 1 - Item 3)		Ŏ	<u>0</u> 0	0			
111			n sees (nom) nom of							
112	ł									
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113	Group Na		Name				BI/UM Liab							Exhibit 1B
	Group NA		#			7	PD Liab	XXX	***********					Sheet 5
	Company		Name			7	PIP							
116	Company	NAIC #:	#			ī	Phys Dam							
	Year Filed		2002				TOTAL							
118						-								
119	Calendar	Year 1997		Co	1 (1)	Col (2)	Col (3	3)	Col (4)	C	ol (5)	Co	l (6)	Col (7)
120				Di	irect	Direct	Dividend	ls	Direct		Direct	D	irect	Direct
121				Wri	itten	Earned	on Dire	ct Une	earned		Paid	Incu	rred	Unpaid
120 121 122				Prem	ium	<u>Premium</u>	<u>Busines</u>	<u>is Pro</u>	emium	<u>Lo</u>	sses	Los	sses	Losses
	Item 1	Source: Pag	e 15		0	0		0	0		0		0	0
124	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX		XXX	XXX	XXX		XXX		XXX		XXX
125	Item 3	Total Exclus	ions		0	0		0	0		0		0	0
126	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)		0	0		0	0		0		0	0
127			,											
128	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX		XXX		0 XXX		XXX		XXX		XXX
129	Item 5b	All Other Div	vidends, included in Col (3)	XXX		XXX		0 XXX		XXX		XXX		XXX
130														
130 131 132 133 134 135														
132						Col (8)	Col (9		ol (10)					
133						Direct	Dire		Direct					
134						Paid	Incurre		Jnpaid					
						ALAE	ALA	E	ALAE					
	Item 1	Source: Pag				0		0	0					
	Item 3	Total Exclus				<u>0</u>		<u>0</u>	<u>0</u>					
	Item 4	Excess Prof	it Data (Item 1 - Item 3)			0		0	0					
139 140														
140	L													

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141 Group N		Name 			BI/UM Liab				Exhibit 1B
142 Group N		#			PD Liab	XXX			Sheet 6
143 Compar		Name			PIP				
144 Compar		#			Phys Dam				
145 Year File	ed:	2002			TOTAL				
146									
147 Calenda	r Year 1996 Source: Pa		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
148			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
149			Written	Earned	on Direct	Uneamed	Paid	Incurred	Unpaid
150			<u>Premium</u>	Premium	Business	Premium	Losses	Losses	Losses
151 Item 1	Source: Pag	ge 15		0	0	0	0	0	0
152 Item 2	UCJF Asse	ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	xxx
153 Item 3	Total Exclus	sions	0	0	0	0	0	0	0
154 Item 4		fit Data (Item 1 - Item 2 - Item 3)	0	0	Ö	ő	Ö	Ö	ام
155			·	•	·	J	•	·	1
155 156 Item 5a	Refund of F	excess Profit, included in Col (3)	XXX	XXX	0	XXX	xxx	XXX	xxx
157 Item 5h	All Other Di	vidends, included in Col (3)	XXX	XXX	Ö	XXX	XXX	XXX	XXX
157 (1011) 00	, ai Ouici Di	viacinas, induaca in ooi (o)	7001	7000	Ū	<i>7</i> 00	700	700	~~~
150									
159				Col (8)	Cal (0)	Cal (10)			
160				Direct	Col (9)	Col (10) Direct			
161					Direct				
162				Paid	Incurred	Unpaid			i
163				ALAE	ALAE	ALAE			
157 Item 5b 158 159 160 161 162 163 164 Item 1	Source: Pag			0	0	0			
165 item 3 166 item 4	I otal Exclus			<u>0</u>	Q	<u>0</u>			
166 Item 4	Excess Pro	fit Data (Item 1 - Item 3)		0	0	0			
167 168									
168									

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169	Group Na	me:	Name			BI/UM Liab			<u> </u>	Exhibit 1B
	Group NA		#			PD Liab	XXX	•		Sheet 7
171	Company	Name:	Name			PIP		•		
	Company		#			Phys Dam		•		
173	Year Filed	d :	2002			TOTAL				
174										
		Year 1995		Col (1)		Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
176				Direc	t Direct	Dividends	Direct	Direct	Direct	Direct
177				Writter	e Earned	on Direct	Unearned	Paid	Incurred	Unpaid
176 177 178				<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	<u>Losses</u>	Losses
179	Item 1	Source: Pag		C	-	_	0	0	_	0
180	Item 2		ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Item 3	Total Exclus		C) (_	0	0	0	0
_	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	C) (0	0	0	0	0
183										
	Item 5a		xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
186 187 188 189 190										
187										
188					Col (8)					
189					Direct		Direct			
190					Paid		Unpaid			
					ALAE	ALAE	ALAE			
	Item 1	Source: Pag			Q	0	0			
	Item 3	Total Exclus			9	. 0	<u>0</u>			
	Item 4	Excess Prof	it Data (Item 1 - Item 3)		0	0	0			
195 196										
196							·			

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197	Group Na	me:	Name			BI/UM Liab				Exhibit 1B
198	Group NA	IC #:	#			PD Liab	XXX			Sheet 8
199	Company	Name:	Name			PIP				
	Company		#			Phys Dam				
201	Year Filed	t:	2002			TOTAL		•		
202										
203	Calendar	Year 1994 Source: Pag		Col (1)	Col (2)		Col (4)	Col (5)		Col (7)
204				Direct	Direct		Direct	Direct		Direct
205				Written	Earned		Unearned	Paid		Unpaid
206				Premium	Premium		Premium	Losses		Losses
207	Item 1	Source: Pag	•	0	0	0	0	C		ol ol
208			ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	Item 3	Total Exclus		0	0	0	0	Q	-	0
210	item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	C	0	이
211		5.4.4.45		WW	VVV	•	WW	VVV	WW	,,,,,
212	Item 5a		xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
213	item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
214										
215					Cal (0)	Cal (0)	Cal (10)			
216					Col (8) Direct		Col (10) Direct			i
21/					Paid		Unpaid			l
218							•			
219	Item 1	Source: Pag	no 15		ALAE	ALAE	ALAE			
220	Item 3	Total Exclus			0	. 0	0			1
	Item 4		it Data (Item 1 - Item 3)		<u>u</u>	: <u>0</u>	<u>0</u>			l
222	ILCIII 4	EXCESS PIO	it Data (item 1 - item 3)				<u> </u>			

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1	Group Name:	Name				BI/UM Liab				Exhibit 2B
2	Group NAIC #:	#				PD Liab	XXX			Sheet 1
3	Company Name:	Name			Ţ	PIP				
4	Company NAIC #:	#				Phys Dam				
5	Year Filed:	2002			_	TOTAL				
6										
-	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
8	Calendar Year 2001	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
9		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
10	Accident Year	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01	<u>@ 12/31/01</u>	<u>@ 12/31/01</u>	<u>@ 12/31/01</u>	<u>@ 12/31/01</u>	<u>@ 12/31/01</u>
11	2001	0	0	0	0	0	0	0	0	0
12 13	2000	0	0	0	0	0	0	0	0	0
13	1999	0	0	0	0	0	0	0	0	0
14 15	1998	-0	0	0	0	0	0	0	0	0
15	1997	0	. 0	0	0	0	0	0	0	0
16 17	1996	0	0	0	0	Ü	0	0	Ü	O
18	1995 1994	0	0	0	0	U	0	0	0	U
19	1994 1993 & prior	<u>0</u>	•	U	•	0		•	_	. 0
20	Total	o O	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	Ö
21	100				<u>_</u>					
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
23	Calendar Qtr 2002-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
24		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
25 26	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
26	2002	0	0	0	0	0	0	0	0	0
27	2001	0	0	0	0	0	0	0	0	0
28	2000	0	0	0	0	0	0	0	0	0
28 29 30	1999	0	0	0	0	0	0	0	0	0
30	1998	0	0	0	0	0	0	0	0	0
31	1997	0	0	0	0	0	0	0	0	0
32	1996	0	0	0	0	0	0	0	0	0
32 33 34 35	1995	0	0	0	0	0	0	0	0	0
34	1994	•	•	0	•	0	0	0	0	0
36	1993 & prior Total	<u>0</u>	<u>0</u> 0	<u>0</u>	<u>0</u> 0	<u>0</u>	. <u>0</u>	<u>0</u>	<u>0</u> 0	심
37	TOTAL		<u>_</u>			<u>_</u>			<u> </u>	
	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				
39	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
40	2001	0	0	0	0	0.000				
41	2000	Ö	Ö	Ō	Ö	0.000				
42	1999	Ō	Ō	Ō	Ö	0.000				
42 43 44	Average					0.000				
44	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
45										
46		a								

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47	Group Name:	Name				3I/UM Liab				Exhibit 2B
48	Group NAIC #:	#			ī	PD Liab	XXX			Sheet 2
49	Company Name:	Name			1	PIP				İ
50	Company NAIC #:	#			7	Phys Dam				
51	Year Filed:	2002			-	TOTAL				ł
52					-					
53	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
54	Calendar Year 2000	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
55		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
56	Accident Year	@ 12/31/00	@ 12/31/00	@ 12/31/00	<u>@ 12/31/00</u>	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00
56 57	2000	0	0	0	0	0	0	0	0	0
58 59	1999	0	0	0	0	0	0	0	0	0
59	1998	0	0	0	0	0	0	0	0	0
60	1997	0	0	0	0	0	0	0	0	o
61	1996	0	. 0	0	0	0	0	0	0	o
62	1995	0	0	0	0	0	0	0	0	0
63	1994	0	0	0	0	0	0	0	0	o
64	1993 & prior	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
65	Total	0	0	0	0	0	0	0	0	0
66										
67	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
68	Calendar Qtr 2001-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
69		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
70	Accident Year	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	@ 3/31/01	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	@ 3/31/01	@ 3/31/01	@ 3/31/01
71	2001	0	0	0	0	0	0	0	0	0
72	2000	0	0	0	0	0	0	0	0	0
72 73 74 75	1999	0	0	0	0	0	0	0	0	0
74	1998	0	0	0	0	. 0	0	0	0	0
75	1997	0	0	0	0	0	0	0	0	0
76 77	1996	0	0	0	0	0	0	0	0	이
77	1995	0	0	0	0	0	0	0	0	이
78	1994	0	0	0	0	0	0	0	0	이
79	1993 & prior	ō	ō	ō	ō	ō	<u>0</u>	<u>0</u>	ō	의
80	Total	0	0	0	0	0	0	0	0	<u>u</u>
81	Part 3	Col (19)	Col (20)	Col (21)	Col (21)	Col (22)				l
	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Inc. Loss+ALAE	Incurred ULAE				
83 84	2000	nicured Loss	0	IIIC. LOSSTALAE	IIIC. LUSSTALAE	0.000				1
85	1999	0	0	0	0	0.000				İ
86	1998	0	0	0	0	0.000				i
87	Average	U	v	U	U	0.000				I
88	ULAE Factor	Min. 1.05	Max. 1.30			0.000				ŀ
89	02 12 1 GOLO	111111111111111111111111111111111111111				5.000				1
90										
										

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	Group Name:	Name	N	0	Р	Q [BI/UM Liab	R	s	T	U Exhibit 2B
		name #				PD Liab	XXX			Sheet 3
	Group NAIC #:					PIP				Sneet 3
93	Company Name:	Name				**				
	Company NAIC #:	#				Phys Dam				
95	Year Filed:	2002			-	TOTAL	***************************************			
96	D-44	0-141	0-1 (0)	0-1(0)	0-170	0-1/5	0-1 (6)	0-1 (7)	0-1(0)	0-1 (0)
_	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
98	Calendar Year 1999	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
99		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
100	Accident Year	<u>@ 12/31/99</u>	@ 12/31/99	@ 12/31/99	@ 12/31/99	<u>@ 12/31/99</u>	<u>@ 12/31/99</u>	<u>@ 12/31/99</u>	@ 12/31/99	@ 12/31/99
101	1999	0	0	0	0	0	0	0	0	0
102	1998	0	0	0	0	0	0	0	0	0
103	1997	0	0	0	0	0	0	0	0	0
104	1996	0	0	0	0	0	0	0	0	0
105	1995	0	. 0	0	0	0	0	0	0	o
106	1994	0	0	0	0	0	0	0	0	ol
107	1993 & prior	<u>0</u>	ō	<u>0</u>	<u>0</u>	<u>o</u>	<u>o</u>	0	<u>0</u>	일
108	Total	00	0	0	0	0	0	0	0	0
109	D. 40	0-1(40)	0-1/44)	0-1/40	0-1 (40)	0-144	0-145	0-140	0-143	0-1(40)
_	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
111	Calendar Qtr 2000-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
112		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
113	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
114	2000	0	0	0	0	0	0	0	0	0
115	1999	0	0	0	0	0	0	0	0	0
116	1998	0	0	0	0	0	0	0	0	o
117	1997	0	0	0	0	0	0	0	0	o
118	1996	0	0	0	0	0	0	0	0	0
119	1995	0	0	0	0	Ü	0	0	Ü	익
120	1994	0	0	0	0	0	0	0	0	0
121 122	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u> 0	<u>0</u> 0	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>o</u>
	Total	<u> </u>		<u> </u>	<u> </u>	<u> </u>	U	0	U	
123	Part 3	Col (19)	Col (20)	Col (21)	Cal (22)	Cal (22)				
_		, ,			Col (22)	Col (23)				
125	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
126 127	1999	0	0	0	0	0.000				
	1998 1997	0	0	0	0	0.000				
128		U	0	0	0	0.000				
129 130	Average ULAE Factor	Min. 1.05	Max. 1.30			0.000 0.000				
	OLAE FACIO	WIIII, 1.UO	Wax. 1.30			0.000				
131 132										
132		 								

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	Group Name:	Name				BI/UM Liab				Exhibit 2B
	Group NAIC #:	#				PD Liab	XXX			Sheet 4
	Company Name:	Name				PIP				` J
	Company NAIC #:	#			_	Phys Dam				
137	Year Filed:	2002			_	TOTAL				
138										
139	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
140	Calendar Year 1998	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
141		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
142	Accident Year	@ 12/31/98	@ 12/31/98	<u>@ 12/31/98</u>	@ 12/31/98	<u>@ 12/31/98</u>	@ 12/31/98	@ 12/31/98	@ 12/31/98	<u>@ 12/31/98</u>
143	1998	0	0	0	0	0	0	0	0	o
144	1997	0	0	0	0	0	0	0	0	0
145	1996	0	0	0	0	0	0	0	0	0
146	1995	0	0	0	0	0	0	0	0	o
146 147	1994	0	. 0	0	0	0	0	0	0	o
148	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
149	Total	0	0	0	0	0	0	0	0	0
150	· ·									
151	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
152	Calendar Qtr 1999-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
153		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
154	Accident Year	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99
153 154 155 156 157 158 159	1999	0	0	0	0	0	0	0	0	. 0
156	1998	0	0	0	0	0	0	0	0	0
157	1997	0	0	0	0	0	0	0	0	0
158	1996	0	0	0	0	0	0	0	0	o
159	1995	0	0	0	0	0	0	0	0	o
160	1994	0	0	0	0	0	0	0	0	0
161	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
162	Total	0	0	0	0	0	0	0	0	0
163	-						· · · · · · · · · · · · · · · · · · ·			
163 164										

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105	Group Name:	Name	N	<u> </u>	Р	Q BI/UM Liab	R	S		U Exhibit 2B
		mame #				PD Liab	XXX			Sheet 5
	Group NAIC #:	# Name				PIP				Sneers
	Company Name:	name #								
	Company NAIC #:	••				Phys Dam				
170	Year Filed:	2002				TOTAL				
	Part 1	Cal (4)	C=1 (2)	Cal (3)	Cal (4)	Cal (E)	Cal (6)	0-1 (7)	Cal (0)	0-1 (0)
_		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
172	Calendar Year 1997	Incremental Paid Loss	Cumulative Paid Loss	Case	Case Incurred Loss	Incremental	Cumulative	Case	Case	Case Incurred
173	A ! d 4 M			Unpaid Loss		Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
174	Accident Year	<u>@ 12/31/97</u>	<u>@ 12/31/97</u>	<u>@ 12/31/97</u>	@ 12/31/97	@ 12/31/97	<u>@ 12/31/97</u>	<u>@ 12/31/97</u>	@ 12/31/97	<u>@ 12/31/97</u>
175	1997	U	0	0	0	U	U	0	0	U
176	1996	0	0	U	U	U	Ü	0	0	U
177	1995	U	U	0	0	0	U	0	Ü	Ü
178	1994	U	0	U	0	0	0	0	U	Ü
179 180	1993 & prior Total	Ä	, <u>0</u>	ō	0	<u>0</u>	ō	<u>U</u>	ō	ō
181	Total		<u> </u>		<u> </u>		<u>U</u>		<u> </u>	
	Part 2	Col (10)	Col (11)	Col (12)	Col (12)	Col (14)	Cal (45)	Cal (16)	Col (17)	Col (18)
	Calendar Qtr 1998-1		Cumulative	Cor (12)	Col (13)		Col (15)	Col (16)	Col (17)	, ,
183 184	Calendar Qtr 1998-1	Incremental Paid Loss	Paid Loss	Unpaid Loss	Case Incurred Loss	Incremental Paid ALAE	Cumulative Paid ALAE	Case Unpaid ALAE	Case Incurred ALAE	Case Incurred Loss+ALAE
-	Annidant Vans							•		
185	Accident Year 1998	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	@ 3/31/98	<u>@ 3/31/98</u>	@ 3/31/98	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	@ 3/31/98
186 187	1996	0	0	0	U	U	U	0	U	Ů,
	1997	0	0	0	U	0	0	U	0	0
188	1995	0	0	0	0	0	0	0	0	0
189 190	1995	0	0	0	0	0	U	0	0	0
130	1994 1993 & prior	0	0	0	0	0	0	0	0	0
191 192	Total	<u>u</u>	<u>0</u>	0	0	<u>0</u>	<u>v</u>	<u>0</u>	<u>0</u>	N O
193	i Viai	<u>_</u>	<u></u>	<u> </u>				<u>_</u>		
194										
154								······································		

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195	Group Name:	Name				BI/UM Liab				Exhibit 2B
196	Group NAIC #:	#				PD Liab	XXX			Sheet 6
197	Company Name:	Name				PIP				-
198	Company NAIC #:	#				Phys Dam				
199	Year Filed:	2002				TOTAL				
200										
201	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
202	Calendar Year 1996	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
203		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
204	Accident Year	@ 12/31/96	<u>@ 12/31/96</u>	<u>@ 12/31/96</u>	@ 12/31/96	@ 12/31/96	<u>@ 12/31/96</u>	<u>@ 12/31/96</u>	@ 12/31/96	@ 12/31/96
204 205 206 207	1996	0	0	0	0	0	0	0	0	0
206	1995	0	0	0	0	0	0	0	0	0
207	1994	0	0	0	0	0	0	0	0	0
208 209	1993 & prior	0	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
209	Total	0	. 0	0	0	0	0	0	0	0
210										
211	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
212		incremental		Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
213		Paid Loss		Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
214	Accident Year	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	@ 3/31/97	<u>@ 3/31/97</u>	@ 3/31/97	@ 3/31/97
215	1997	0	0	0	0	0	0	0	0	0
216 217	1996	0	0	0	0	0	0	0	0	0
217	1995	0	0	0	0	0	0	0	0	0
218	1994	0	0	0	0	0	0	0	0	0
219	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	Ō	<u>0</u>	<u>ō</u>	<u>0</u>	<u>0</u>	<u>0</u>
220		0	0	0	0	0	0	0	0	0
221										
222	<u> </u>									

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	Group Name:	Name				BI/UM Liab	999			Exhibit 2B
	Group NAIC #:	#				PD Liab	XXX			Sheet 7
	Company Name:	Name				PIP				
	Company NAIC #:	#				Phys Dam				
227	Year Filed:	2002				TOTAL				
228										
-	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
230	Calendar Year 1995	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
231 232		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
232	Accident Year	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	@ 12/31/95	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	@ 12/31/95	@ 12/31/95
233 234 235	1995	0	0	0	0	0	0	0	0	0
234	1994	0	0	0	0	0	0	0	0	0
235	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
236	Total	00	0_	0	0	0	0	0	0	0
237			,							
238	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
239	Calendar Qtr 1996-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
240		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
241	Accident Year	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	<u>@ 3/31/96</u>	@ 3/31/96	@ 3/31/96	<u>@ 3/31/96</u>
242 243 244	1996	0	0	0	0	0	0	0	0	0
243	1995	0	0	0	0	0	0	0	0	oļ
244	1994	0	0	0	0	0	0	0	0	o
245	1993 & prior	<u>o</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u> l
246	Total	0	Ō	Ō	0	0	0	0	0	0
247										
248										

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249	Group Name:	Name				3I/UM Liab				Exhibit 2B
250	Group NAIC #:	#				PD Liab	XXX			Sheet 8
251	Company Name:	Name			1	OID.				
252	Company NAIC #:	#				Phys Dam				
253	Year Filed:	2002			_	TOTAL				
254										
255	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
256	Calendar Year 1994	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
256 257		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
258	Accident Year	@ 12/31/94	@ 12/31/94	<u>@ 12/31/94</u>	@ 12/31/94	@ 12/31/94	@ 12/31/94	<u>@ 12/31/94</u>	@ 12/31/94	@ 12/31/94
259	1994	. 0	0	0	0	0	0	0	0	0
260	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>
258 259 260 261	Total	0	0	0	0	0	0	0	0	0
262	<u> </u>									
263	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
264		Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
265		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
266	Accident Year	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>	<u>@ 3/31/95</u>
267	1995	0	0	0	0	0	0	0	0	0
268	1994	0	0	0	0	0	0	0	. 0	0
266 267 268 269 270	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
		0	0	0	0	0	0	0	0	0
271 272										
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_	Group Name:	Name				31/UM Liab					Exhibit 3B
2		#				PD Liab	XXX				Parts 1-3
	Company Name:	Name				PIP					
4	Company NAIC #:	#				Phys Dam					
	Year Filed:	2002			_	TOTAL					
6 7											
7											
8	Part 1								j		
9	Cumulative								1		
10	Case Incurred										
11	Loss + ALAE				Acciden						
9 10 11 12 13 14 15	as of	1994	<u>1995</u>	1996	<u>1997</u>	<u>1998</u>	<u>1999</u>	2000	2001		
13	15 months	0	0	0	0	0	0	0	O		
14	27 months	0	0	0	0	0	0	0	į		
15	39 months	0	0	0	0	0	0		ı		
		0	0	0	0	0					
17 18 19 20 21											
18											
19											
20	Į.										
21											
	Part 2								Col (A)		Col (B)
23	Development				Accident Year				Incremental	Development	Cumulative
24	<u>Factors</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	1997	<u>1998</u>	<u>1999</u>	2000	<u>LDF</u>	<u>Factors</u>	<u>LDF</u>
25	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	15 mo ult.	0.000
23 24 25 26 27	27-39 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	27 mo ult.	0.000
27	39-51 months	1.000	1.000	1.000	1.000	1.000			0.000	39 mo ult.	0.000
28											
29											
30											
31											
28 29 30 31 32 33											
33				2 : (5)							
	Part 3	Col (1)	Col (2)	Col (3)							
35		O I		Projected							
36		Case Incurred	Loss + ALAE	Ultimate							
35 36 37 38 39 40	A = -! d = - A V	Loss + ALAE	Development	Loss + ALAE							
38	Accident Year	<u>@ 3/31/02</u>	<u>Factor</u>	<u>@ 3/31/02</u>							
39	2001	0	0.000	0							
40	2000	0	0.000	0							
41 42	1999	0	0.000	0							
42	1998	0	1.000	0							
43 44 45 46 47											
44											
45											
46											
47	L										

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48	Group Name:	Name				II/UM Liab					Exhibit 3B
	Group NAIC #:	#				D Liab	XXX				Parts 4-6
	Company Name:	Name				IP .					i
	Company NAIC #:	#				hys Dam					Į.
	Year Filed:	2002			_1	OTAL					1
53 54											
	Part 4										1
								l l			1
57	Case Incurred							1			
58	Loss + ALAE				Accident Year						
59	as of	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	1998	<u>1999</u>	2000			I
60	15 months	0	0	0	0	0	0	0			
61	27 months	0	0	0	0	0	0				İ
62	39 months	0	0	0	0	0		j			I
56 57 58 59 60 61 62 63 64 65 66 67 68	51 months	00	0	0	00						
64											i
65											1
67											,
68											I
69	Part 5								Col (A)		Col (B)
				Accident	Year				Incremental	Development	Cumulative
71	<u>Factors</u>	1994	<u>1995</u>	1996	<u>1997</u>	1998	1999		LDF	Factors	LDF
72	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
73	27-39 months	1.000	1.000	1.000	1.000	1.000			0.000	27 mo ult.	0.000
74	39-51 months	1.000	1,000	1.000	1.000				0.000	39 mo ult.	0.000
75											1
76											
170											
70 71 72 73 74 75 76 77 78											į.
80	Part 6 Accident Year 1998	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)			i
81		(- ,	Loss + ALAE	Projected	• • • • • • • • • • • • • • • • • • • •	Loss + ALAE	Projected	Development			1
82		Case Incurred	Development	Ultimate	Case Incurred	Development	Ultimate	Adjustment			l
83		Loss + ALAE	Factor	Loss + ALAE	Loss + ALAE	Factor	Loss + ALAE	Col (3) -			İ
84	Accident Year	@ 3/31/02	@ 3/31/02	<u>@ 3/31/02</u>	@ 3/31/01	@ 3/31/01	@ 3/31/01	Col (6)			I
85	1998	0	1.000	0	0	0.000	0	0			İ
86											
87				1				1			
88				ļ				ł			l
89						Total Develops	nent Adjustment	اه			
	ı					i orai nevelobi	nem Aujusunent	U			
30											

	1	J	К	L M	N	0
1	Group Name:	Name	BI/U	JM Liab		Exhibit 4B
2	Group NAIC #:	#	PD		XXX	
3	Company Name:	Name	PIP			
4	Company NAIC #:	#	Phys	s Dam		
5	Year Filed:	2002	TOT	TAL.		
6						
7			Part 1 - Count	trywide	Part 2 - New	Jersey
8			Insurance Expens	se Exhibit	Page 1	5
9			Col (1)	Col (2)	Col (3)	Col (4)
10		Calendar Year 2001				-
11	Item 1	Direct Written Premium	\$0		\$0	
12	Item 2	Direct Earned Premium	0		0	
13	Item 3	Direct Other Acquisition Expense	0	0.00%	0	0.00%
14	Item 4	Direct General Expense	0	0.00%	0	0.00%
15	Item 5	Direct Commission & Brokerage	0	0.00%	0	0.00%
16	Item 6	Direct Taxes, Licenses & Fees	0	0.00%	0	0.00%
17	Item 7	Direct Prepaid Expenses	0	0.00%	. 0	0.00%
18	Item 8	LAD Fees Paid	N/A	N/A	0	0.00%
19						
20			Part 1 - Count	rywide	Part 2 - New	Jersev
21			Insurance Expens	e Exhibit	Page 1	5
21 22 23 24 25			Col (1)	Col (2)	Col (3)	Col (4)
23		Calendar Year 2000				
24	Item 1	Direct Written Premium	\$0		\$0	
25	Item 2	Direct Earned Premium	0		0	
26	Item 3	Direct Other Acquisition Expense	0	0.00%	0	0.00%
27	Item 4	Direct General Expense	0	0.00%	0	0.00%
28	Item 5	Direct Commission & Brokerage	0	0.00%	0	0.00%
29	Item 6	Direct Taxes, Licenses & Fees	0	0.00%	0	0.00%
30	Item 7	Direct Prepaid Expenses	0	0.00%	0	0.00%
31	Item 8	LAD Fees Paid	N/A	N/A	0	0.00%
32 33 34 35 36 37						
33			Part 1 - Count	rywide	Part 2 - New	Jersey
34			Insurance Expens	e Exhibit	Page 1	5
35			Col (1)	Col (2)	Col (3)	Col (4)
36		Calendar Year 1999				
37	Item 1	Direct Written Premium	\$0		\$0	
38	Item 2	Direct Earned Premium	0		0	
39	Item 3	Direct Other Acquisition Expense	0	0.00%	0	0.00%
40	Item 4	Direct Earned Premium	Ō	0.00%	Ō	0.00%
41	Item 5	Direct Commission & Brokerage	Ö	0.00%	Ö	0.00%
42	Item 6	Direct Taxes, Licenses & Fees	Ö	0.00%	ŏ	0.00%
43	Item 7	Direct Prepaid Expenses	Ö	0.00%	Ŏ	0.00%
44	Item 8	LAD Fees Paid	N/A	N/A	ŏ	0.00%

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1	Group Name:	Name	BI/UM Liab			Exhibit 5B
2	Group NAIC #:	#	PD Liab	XXX		Part 1
3	Company Name:	Name	PIP			
4	Company NAIC #:	#	Phys Dam			
5	Year Filed:	2002	TOTAL			
6						
7						
_	Part 1		1999	2000	2001	
9	Item 1	Agents Balances	0	0	0	
10	Item 2	Unearned Premium Reserve	0	0	0	
11	Item 3	Agents Balance Ratio [Item 1 / Item 2]	0.000	0.000	0.000	
12	Item 4	Direct Prepaid Expenses - NJ (Exhibit 4)	0	0	0	
13	Item 5	Direct Net Written Premium - NJ (Exhibit 4)	0	0	0	
14	Item 6	Prepaid Expense Ratio [Item 4 / Item 5]	0.000	0.000	0.000	
15	Item 7a	Direct Unearned Premium Reserve - Beginning (Exhibit 1)	0	0	0	
16	Item 7b	Direct Unearned Premium Reserve - Ending (Exhibit 1)	0	0	0	
17	Item 7	Average Unearned Premium Reserve [(Item 7a + Item 7b) / 2]	0	0	0	
18	Item 8	Investable Unearned Premium [Item 7 * (1 - Item 3 - Item 6)]	0	0	0	
19	Item 9a	Direct Unpaid Loss - Beginning (Exhibit 1)	0	0	0	
18 19 20 21 22 23 24 25 26 27	Item 9b	Direct Unpaid Loss - Ending (Exhibit 1)	0	0	0	
21	Item 9	Average Loss Reserve [(Item 9a + Item 9b) / 2]	0	0	0	
22	Item 10a	Direct Unpaid ALAE - Beginning (Exhibit 1)	0	0	0	
23	Item 10b	Direct Unpaid ALAE - Ending (Exhibit 1)	0	0	0	
24	Item 10	Average ALAE Reserve [(Item 10a + Item 10b) / 2]	0	0	0	
25	Item 11	ULAE Factor (Exhibit 2)	0.000	0.000	0.000	
26	Item 12	Average Loss + LAE Reserve [(Item 9 + Item 10) * Item 11]	0	0	0	
27	Item 13	Total Reserve [Item 8 + Item 12]	0	0	0	
28	Item 14	Rate of Return (Part 2C, Item 8, 3-Yr Total)	0.0%	0.0%	0.0%	
29	Item 15	Actual Investment Income Earned [Item 13 * Item 14]	0	0	0	
30						
31						
32						
33						
34						
35						
36						
37						
30 31 32 33 34 35 36 37 38 39						
39	<u> </u>					

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1	Group Name:		Name					BI/UM Liab		Exhibit 7B
2	Group NAIC #:		#					PD Liab	XXX	Sheet 1
3	Company Name:		Name					PIP		
4	Company NAIC #	•	#					Phys Dam		
5	Year Filed:		2002					TOTAL		
6										
7										
8						Calenda	r Year			
9			2002	<u>2001</u>	2000	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>
10	Item 1 Excess	s Profit Paid	· 0	0	0	0	0	0	0	0
11										
12										
13	Carryforwa	ard Used			Cale	ndar Year Ex	cess Profit F	Paid		
14	for Accide	ent Year	2002	2001	2000	1999	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>
15	Item 2.1	2001	0	0	0	0	0	0	0	0
16	Item 2.2	2000	0	0	0	0	0	0	0	o
17	Item 2.3	1999	0	0	0	0	0	0	0	o
18	Item 2.4	1998	XXX	0	0	0	0	0	0	o
19	Item 2.5	1997	XXX	XXX	0	0	0	0	0	o
20	Item 2.6	1996	XXX	XXX	XXX	0	0	0	0	o
21	Item 2.7	1995	XXX	XXX	XXX	XXX	0	0	0	o
22	item 2.8	1994	XXX	XXX	XXX	XXX	XXX	0	0	o
23	Item 2.9	1993	XXX	XXX	XXX	XXX	XXX	XXX	0	o
24	Item 2.10	1992	XXX	XXX	XXX	XXX	XXX	XXX	XXX	o
25	Item 2.11	1991	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
26	Item 2.12	1990	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
27	Item 2.13	1989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
28	Item 2.14	1988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29	Item 2.15	1987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30	Item 2.16	1986	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31	Item 2.17	1985	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32	Item 2.18	1984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
33	Item 2.19	1983	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34								· · · · · · · · · · · · · · · · · · ·		
35	Item 2 Total Car	ryforward Used	0	0	0	0	0	0	0	o
36		•			_		_			
37	Item 3 Carryfor	ward Unused	. 0	0	0	0	0	0	0	o

	AF	AG	AH	Al	AJ	AK	AL	AM	AN	AO
1								BI/UM Liab		Exhibit 7B
2								PD Liab	XXX	Sheet 2
3							_	PIP		
4								Phys Dam		l
5								TOTAL		
6										
7					1					
8	1004	4002	1992		alendar Year 1990	4000	4000	4007	4006	
9	<u>1994</u> 0	<u>1993</u> 0	1992 0	<u>1991</u> 0	1990	<u>1989</u> 0	<u>1988</u> 0	<u>1987</u> 0	<u>1986</u> 0	<u>Total</u>
11						<u> </u>				——
12										
13				Calendar Ye	ear Excess Pr	rofit Paid				
14	1994	<u>1993</u>	<u>1992</u>	<u>1991</u>	1990	1989	<u>1988</u>	<u>1987</u>	1986	Total
15	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	이
20	0	0	0	0	0	0	0	0	0	이
21	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0
26	XXX XXX	0 XXX	0	0	0	0	0	0	0	0
27 28	XXX	XXX	XXX	0	0	0	0	0	0	0
28	XXX	XXX	XXX	XXX	0	0	0	0	0	0
30	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
31	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
32	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	0
33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	ol
34										
35	0	0	0	. 0	0	0	0	0	0	o
36	-	_		,		_		_		-
37	0	0	0	0	0	0	0	0	0	0

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1	Group Name:	Name		В	/UM Liab				Exhibit 8B
2	Group NAIC #:	#		P	D Liab		XXX		
3	Company Name:	Name		P	P				
4	Company NAIC #:	#		P	hys Dam				
5	Year Filed:	2002		T	OTAL				
6									
7			1999		2000		2001		Total
8	Item 1	Direct Calendar Year Written Premium [Exhibit 1B, Col (1), Item 4]		0		0		0	0
9	Item 2	Direct Calendar Year Earned Premium [Exhibit 1B, Col (2), Item 4]		0		0		0	0
10	Item 3	Dividends excluding Refund of Excess Profit [Exhibit 1B, Col (3), Item 5b]		0		0		0	0
11	Item 4	Net AIRE [Exhibit 6, Part 7, Col (3)]	XXX		XXX		XXX		xxx
12	Item 5	Direct Calendar Year Net Earned Premium [Item 2 - Item 3 + Item 4]		0		0		0	o
13									
14	Item 6	Direct Accident Year Ultimate Loss & ALAE [Exhibit 3B, Part 3, Col (3)]		0		0		0	o
15	Item 7	ULAE Ratio [Exhibit 2B, Part 3, Col (23)]	0.	000	0.	000	0.	000	0.000
16	Item 8	Direct Accident Year Ultimate Loss & LAE [Item 6 * Item 7]		0		0		0	0
17	Item 9	Direct Accident Year Ultimate Loss & LAE Ratio [Item 8 / Item 5]	0.	000	0.	000	0.	000	0.000
18			-		•				
19	Item 10	Direct Commission & Brokerage [Exhibit 4B, Col (3), Item 5]		0		0		0	o
20	Item 11	Direct Other Acquisition Expense [Exhibit 4B, Col (3), Item 3]		Ö		Ö		Ö	ŏl
21	Item 12	Direct General Expense [Exhibit 4B, Col (3), Item 4]		Ö		Ŏ		ō	ŏ
22	Item 13	Direct Taxes, Licenses & Fees [Exhibit 4B, Col (3), Item 6]		Ö		Õ		ŏ	ŏ
23	Item 14a	LAD Fees Paid [Exhibit 4B, Col (3), Item 8]		Ö		Õ		ŏ	ŏ
24	Item 14b	Percentage Reflected in Excess Profit Report		0%		0%		0%	ĭ
24 25	Item 14	Item 14a * Item 14b		0		0		0	ol
26	Item 15	Total Expenses [Sum (Item 10 - Item 14)]		Ö		Õ		ŏ	ŏ
27	1.011.10	Total Exposition (total 10 total 14)		·		·		·	ĭ
28	Item 16	Underwriting Income [Item 5 - Item 8 - Item 15]		0		0		0	ol
29	Item 17	Allowance for Profit & Contin. [Item 2 * Clifford Formula 5.38% Pre-Tax]		Õ		Ö		ŏ	ň
30	Item 18	Investment Income Earned [Exhibit 5B, Part 1, Item 15]		Ö		Õ		Õ	ŏ
31	Item 19	Actuarial Gain [Item 16 - Item 17 + Item 18]		Ô		Ô		Õ	ŏ
32	1.011. 10	rotation can from to month? Thom to		·		Ū		v	។
32 33	Item 20	Total Development Adjustment [Exhibit 3B, Part 6, Col (7)]							
24	Item 21	Total Actuarial Gain (Item 19 - Item 20)							ŏ
35	item 21	Total Actualial Calif (Item 19 - Item 20)							ď
34 35 36	Item 22	Additional Non-Excessive Profit Allowance [Item 2 * 3.85% Pre-Tax]							ام
37	Item 23	Holding Company Non-Excessive Subsidization [Item 2 * 0.5%]							, o
30	Item 24	Gross Excess Profit / (Loss) [Item 21 - Item 22 - Item 23]							, i
37 38 39	ROH Z4	01000 Ex0000 1 10111 / (E000) [IRGHI 21 - IRGHI 22 - IRGHI 20]							۷
40	Item 25	Carryforward of a Prior Refund of Excess Profit (Exhibit 7B, Item 2)		0		0		0	اہ
41	ILGIII ZJ	Carrytorward of a Filor Return of Excess Fiolit (Exhibit 7D, Item 2)		U		U		U	٩
42	Item 26	Net Excess Profit / (Loss) [Item 24 - Item 25]							ام
76	NOTH ZO	THE EAGLED ! TAIL! (EGGS) [HOIL ET - ROLL EG							

	AA .	AB	AC	I AD	I AE I	AF	AG	AH I	AJ T	AJ T	AK	AL
H	Group Name:		Name	1			BI/UM Liab	An 1			Ar.	Input Sheet
1	Group NAIC #	¥-	#				PD Liab					Section C
	Company Na		Name				PIP	XXX				000000110
	Company NA		#				Phys Dam					
	Year Filed:	10 W.	2002				TOTAL					
6			2002			•						
17												
-	Exhibit 1							Calendar	Year			
		ual Statemen	t - NJ Page 15, L	ine 19.1	2001	2000	1999	1998	1997	1996	1995	1994
				ly if the data is included in								
	Direct Writte			•								
12	Col (1)	Item 1	Total		0	0	0	0	0	0	0	o
13 14	Col (1)	Item 2	UCJF Assessi	ments	0	0	. 0	0	0	0	0	0
14	Col (1)	Item 3a	Motorcycles		0	0	0	0	0	0	0	0
15	Col (1)	Item 3b	Off-Road Vehi	ides	0	0	0	0	0	0	0	0
16	Col (1)	Item 3c	Motor Homes		0	0	0	0	0	0	0	0
15 16 17 18 19	Col (1)	Item 3d	Antique Auto		0	0	0	0	0	0	0	0
18	Col (1)	item 3e	Excess Liabilit	ty	0	0	0	0	0	0	0	0
19	Col (1)	Item 3f	Finance & Ser	rvice Charges	0	0	0	0	0	0	0	0
20												
21	Direct Earne											
22 23 24	Col (2)	item 1	Total		0	0	0	0	0	0	0	0
23	Col (2)	item 2	UCJF Assessi	ments	0	0	0	0	0	0	0	0
24	Col (2)	Item 3a	Motorcycles		0	0	0	0	0	0	0	0
25 26 27 28 29 30	Col (2)	Item 3b	Off-Road Vehi	ides	0	0	0	0	0	0	0	0
26	Col (2)	Item 3c	Motor Homes		0	0	0	0	0	0	0	0
27	Col (2)	Item 3d	Antique Auto		0	0	0	0	0	0	0	0
28	Col (2)	Item 3e	Excess Liabilit		0	0	0	0	0	0	0	0
29	Col (2)	item 3f	Finance & Ser	vice Charges	0	0	0	0	0	0	0	0
			ss Profit Refund	ds)		_	_	_	_	_	_	_
32	Col (3A)	Item 1	Total		0	0	0	0	0	0	0	0
33	Col (3A)	Item 3a	Motorcycles		0	0	0	0	0	0	0	0
34	Col (3A)	Item 3b	Off-Road Vehi	icies	0	0	0	0	0	0	0	0
35	Col (3A)	Item 3c	Motor Homes		0	0	-	-	0	0		0
32 33 34 35 36 37	Col (3A)	Item 3d	Antique Auto	4.	0	0	0	0	0 0	0 0	0	0
37	Col (3A)	Item 3e	Excess Liabilit	ıy	U	U	U	U	U	U	U	۷
	Declared 5	t Hanaid Phi	dende (incl Eve	ess Profit Refunds)								
133	Col (3B)	tem 1	Total	ess riviil Maintas)	0	0	0	0	0	0	0	0
40 41	Col (3B)	Item 3a	Motorcycles		0	0	0	0	0	0	0	o
12	Col (3B)	Item 3b	Off-Road Vehi	irles	0	0	0	0	0	0	0	Ö
42 43 44 45	Col (3B)	Item 3c	Motor Homes		0	0	0	0	0	0	0	ő
124	Col (3B)	Item 3d	Antique Auto		0	0	0	0	0	0	0	o
17	Col (3B)	Item 3e	Excess Liabilit	tv	0	0	0	0	o o	Ö	Ö	ŏ
46	(OD)		Enouge Electric	7	J	·	v	J	•	•	J	. "
	Direct Unear	ned Premium	Reserves									
	Col (4)	Item 1	Total		0	0	0	. 0	0	0	0	o
48 49 50 51 52 53	Col (4)	Item 3a	Motorcycles		Ö	ő	Ö	ŏ	ő	ō	o	ő
50	Col (4)	Item 3b	Off-Road Vehi	ides	Ö	ő	Ö	ő	ő	ō	Ö	ŏ
51	Col (4)	Item 3c	Motor Homes		Ö	ő	Ö	ō	ő	ő	ő	ő
52	Col (4)	Item 3d	Antique Auto		Ŏ	ő	Ö	Ö	Ö	Ö	ő	ő
53	Col (4)	Item 3e	Excess Liabilit	tv	o 0	ő	ő	ő	ő	Ö	ō	ő
54	JJ. (-1)			•	·		·	· ·	· ·	•	ŭ	Ĭ
لنت						***************************************				······································		

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1 Group Na		Name				BI/UM Liab						Input Sheet
2 Group NA		#				PD Liab						Section C
3 Company		Name				PIP	XXX					
4 Company		# .				Phys Dam						
5 Year Filed	j:	2002				TOTAL						
7												
	ld I ann	· · · · · · · · · · · · · · · · · · ·										
55 Direct Pal 56 Col (5) Item 1	Total		0		0	0	0	. 0	0	0	0
57 Col (5		Excess Medical Benefits		ő		0	Ô	ő	ő	0	ő	ő
58 Col (5		Motorcycles		0		ō	Õ	ō	Ö	Ô	ō	ō
59 Col (5		Off-Road Vehicles		Ō		Ō	Ō	ō	Ō	ō	ō	ō
60 Col (5) Item 3c	Motor Homes		0		0	0	0	0	0	0	0
61 Col (5)) Item 3d	Antique Auto		0		0	0	0	0	0	0	0
56 Col (5) 57 Col (5) 58 Col (5) 59 Col (5) 60 Col (5) 61 Col (5) 62 Col (5)) Item 3e	Excess Liability		0		0	0	0	0	0	0	0
63												
64 Direct Inc	turned Loss (Case) tem 1 tem 2 tem 3a tem 3b tem 3c tem 3c tem 3d tem 3e tem 3e	e + Bulk/IBNR)				•	•	•	•	-	_	_
65 Col (6)) item 1	rotal	,	0		0	0	0	0	0	0	0
05 Col (6)	item 2	Excess Medical Benefits Motorcycles	•	0		0 0	0	0	0	0	0 0	0
60 Col (6)) item 3h	Off-Road Vehicles		0		0	0	0	0	0	0	0
69 Col (6)) Item 3c	Motor Homes		0		0	0	0	0	0	0	0
70 Col (6)) Item 3d	Antique Auto		0		0	Ö	0	Ö	Ö	0	o
71 Col (6)) Item 3e	Excess Liability		ő		o O	ŏ	0	ő	ő	ŏ	Ö
72				_				-	_	-	-	_
73 Direct Un	paid Loss (Case	+ Bulk/IBNR)										
74 Col (7)) Item 1	Total		0		0	0	0	0	0	0	0
75 Col (7)			3	0		0	0	0	0	0	0	0
75 Col (7) 76 Col (7) 77 Col (7) 78 Col (7) 79 Col (7) 80 Col (7)		Motorcycles		0		0	0	0	0	0	0	0
77 Col (7)		Off-Road Vehicles		0		0	0	0	0	0	0	0
78 Col (7)		Motor Homes		0		0	0	0	0	0	0	0
79 Col (7) 80 Col (7)		Antique Auto Excess Liability		0		0 0	0	0	0 0	0	0 0	0
81	, item se	EXCESS LIABILITY		U		U	U	U	U	U	U	U
	id Defense & Co	st Containment (ALAE)										
		Total		0		0	0	0	0	0	0	0
84 Col (8)		Motorcycles		0		0	0	0	0	0	0	0
85 Col (8)) Item 3b	Off-Road Vehicles		0		0	0	0	0	0	0	0
86 Col (8)		Motor Homes		0		0	0	0	0	0	0	0
87 Col (8)		Antique Auto		0		0	0	0	0	0	0	0
83 Col (8) 84 Col (8) 85 Col (8) 86 Col (8) 87 Col (8) 88 Col (8)) Item 3e	Excess Liability		0		0	0	0	0	0	0	0
		as & Duildinkin										
90 Direct Inc 91 Col (9)		se + Bulk/IBNR) Total		0		0	0	0	0	0	0	0
92 Col (9)		Motorcycles		0		0	0	0	0	0	0	0
93 Col (9)		Off-Road Vehicles		0		0	0	0	0	0	0	.0
94 Col (9)		Motor Homes		ő		0	Ö	Ö	Ö	ő	0	ō
95 Col (9)		Antique Auto		ŏ		Ö	ŏ	Ö	ő	ő	ō	ő
92 Coi (9) 93 Coi (9) 94 Coi (9) 95 Coi (9) 96 Coi (9) 97		Excess Liability		0		Ō	ō	ō	ō	Ö	ō	ō
		•										
	paid ALAE (Cas											
99 Col (10		Total		0		0	0	0	0	0	0	0
100 Col (10 101 Col (10		Motorcycles		0		0	0	0	0	0	0	0
101 Col (10		Off-Road Vehicles Motor Homes		0		0	0	0	0	0	0	0
102 Col (10 103 Col (10		Antique Auto		0		0 0	0	0	0	. 0	0 0	0
103 Col (10 104 Col (10		Excess Liability		0		0	0	0	0	, 0	0	0
105	, 1011100	andodo Elebenty	· · · · · · · · · · · · · · · · · · ·			<u> </u>			<u>~</u> _			
105 106												
										······································		

L.	AA	AB	AC	AD .	AÉ	AF		AG		AH		Ai		AJ		AK		AL
	Group Name:		Name					I/UM Liab										Input She
	Group NAIC #		#					O Liab										Section
	Company Na		Name					IP		XXX								
	Company NA	IC #:	#					hys Dam										
5	Year Filed:		2002				<u>T</u>	OTAL										
6																		
7																		
107	Exhibit 2 - Pa	art 1																
	Allocation of	Page 15 data	(from Exh 1) by	Accident Year							r Year P							
109					2001		2000		1999	1	998	1	1997	1	996		1995	199
110		Direct Paid Lo																
111	Col (1)	AY 2001, Pai			0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
112	Col (1)	AY 2000, Pai			0		0	XXX		XXX		XXX		XXX		XXX		XXX
113	Col (1)	AY 1999, Pai			0		0		0	XXX		XXX		XXX		XXX		XXX
113 114 115 116 117	Col (1)	AY 1998, Pai			0		0		0		0	XXX		XXX		XXX		XXX
115	Col (1)	AY 1997, Pai			0		0		0		0		0	XXX		XXX		XXX
116	Col (1)	AY 1996, Pai			0		0		0		0		0		0	XXX		XXX
117	Col (1)	AY 1995, Pai			0		0		0		0		0		0		0	XXX
118 119 120 121 122	Col (1)	AY 1994, Pai		•	0		0		0		0		0		0		0	
119	Col (1)		ior, Paid in the C	<u> </u>	<u>0</u>		<u>0</u>		<u>0</u>		<u>o</u>		ō		<u>o</u>		0	
120		Total			0		0		0		0		0		0		0	
121		Exhibit 1, Co	(5)		0		0		0		0		0		0		0	
123	Direct Unpai																	
124 125 126 127	Col (3A)		oaid at the end o		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
125	Col (3A)		paid at the end o		0		0	XXX		XXX		XXX		XXX		XXX		XXX
126	Col (3A)		oaid at the end o		0		0		0	XXX		XXX		XXX		XXX		XXX
127	Col (3A)		oaid at the end o		0		0		0		0	XXX		XXX		XXX		XXX
128	Col (3A)		oaid at the end o		0		0		0		0		0	XXX		XXX		XXX
128 129 130 131 132	Col (3A)		paid at the end o		0		0		0		0		0		0	XXX		XXX
130	Col (3A)		paid at the end o		0		0		0		0		0		0		0	XXX
131	Col (3A)		oaid at the end o		0		0		0		0		0		0		0	
132	Col (3A)		ior, Unpaid at the	e end of CY	<u>o</u>		<u>o</u>		<u>0</u>		<u>o</u>		<u>o</u>		<u>0</u>		0	
133		Total			0		0		0		0		0		0		0	
134																		
135		d Bulk/IBNR L			_			1001		1004		1001		1001				1004
136 137	Col (3B)		paid at the end o		0	XXX	_	XXX		XXX		XXX		XXX		XXX		XXX
137	Col (3B)		paid at the end o		0		0	XXX	_	XXX		XXX		XXX		XXX		XXX
138	Col (3B)		paid at the end o		0		0		0	XXX	_	XXX		XXX		XXX		XXX
138 139 140 141 142	Col (3B)		paid at the end o		0		0		0		0	XXX	_	XXX		XXX		XXX
140	Col (3B)		paid at the end o		0		0		0		0		0	XXX	_	XXX		XXX
141	Col (3B)		paid at the end o		0		0		0		0		0		0	XXX		XXX
142	Col (3B)		paid at the end o		0		0		0		0		0		0		0	XXX
143	Col (3B)		paid at the end o		0		0		0		0		0		0		0	
144	Col (3B)		ior, Unpaid at th	e end of CY	0		<u>o</u>		<u>o</u>		0		<u>o</u>		0		0	
143 144 145 146 147 148		Total			0		0		0		0		0		0		0	
146		Total Col (3A) + Col (3B)		0		0		0		0		0		0		0	
14		Exhibit 1, Co			0		Ö		Ö		Ö		Ö		ŏ		ŏ	
146		EXHIBIT 1, CO	(1)		v		Ū		•		•		٠		•		•	

	AA	T AB	AC	T AD	AE	AF		AG		AH		Al		AJ		AK		AL	_
1	Group Name:		Name			~	B	I/UM Liab		711				~				Input SI	neet
	Group NAIC #		#					D Liab										Section	
	Company Nar		" Name					IP		XXX								Occur	
	Company NA		#					hys Dam											
	Year Filed:	₩.	2002					OTAL											
6	real riled.		2002					UIAL											
7																			
150	Incremental I	Direct Paid ALA	Æ																
	Col (5)	AY 2001, Paid	in the CY		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
152	Col (5)	AY 2000, Paid	in the CY		0		0	XXX		XXX		XXX		XXX		XXX		XXX	
153	Col (5)	AY 1999, Paid			0		0		0	XXX		XXX		XXX		XXX		XXX	
154	Coi (5)	AY 1998, Paid			0		0		0		0	XXX		XXX		XXX		XXX	
155	Col (5)	AY 1997, Paid			0		0		0		0		0	XXX		XXX		XXX	
156	Col (5)	AY 1996, Paid			0		0		Ō		0		0		0	XXX		XXX	
157	Col (5)	AY 1995, Paid			0		0		Ó		0		0		Ō		0	XXX	
158	Col (5)	AY 1994, Paid			ō		ō		ō		ō		ŏ		ō		ō		0
151 152 153 154 155 156 157 158 159 160	Col (5)		or, Paid in the C	CY	ō		ō		Ō		ō		ō		ō		<u>o</u>		ó
160		Total			ō		ō		ō		ō		ō		ō		ō		ō
161		Exhibit 1, Col	(8)		Ō		Ō		ō		Ō		0		ō		Ō		0
162			·																
163	Direct Unpaid	d Case ALAE																	
	Col (7A)		aid at the end o	fCY	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
164 165 166	Col (7A)		aid at the end o		0		0	XXX		XXX		XXX		XXX		XXX		XXX	
166	Col (7A)		aid at the end o		0		0		0	XXX		XXX		XXX		XXX		XXX	
167	Col (7A)		aid at the end o		0		0		0		0	XXX		XXX		XXX		XXX	
168	Col (7A)		aid at the end o		0		0		0		0		0	XXX		XXX		XXX	
169	Col (7A)		aid at the end o		0		0		o		0		0		0	XXX		XXX	
169 170 171 172	Col (7A)		aid at the end o		0		0		0		0		0		0		0	XXX	
171	Col (7A)		aid at the end o		0		0		0		0		0		0		0		0
172	Col (7A)	AY 1993 & prid			0		<u>o</u>		0		<u>o</u>		0		<u>o</u>		<u>o</u>		0
173	,	Total			õ		ō		ō		ō		<u>o</u>		ō		ō		ō
173 174																			
175	Direct Unpaid	Bulk/IBNR AL	AE																
	Col (7B)	AY 2001, Unp	aid at the end of	fCY	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
177	Col (7B)	AY 2000, Unp	aid at the end of	fCY	0		0	XXX		XXX		XXX		XXX		XXX		XXX	
178	Col (7B)	AY 1999, Unp.	aid at the end of	fCY	0		0		0	XXX		XXX		XXX		XXX		XXX	
176 177 178 179 180 181	Col (7B)	AY 1998, Unp	aid at the end of	fCY	0		0		0		0	XXX		XXX		XXX		XXX	
180	Col (7B)	AY 1997, Unp.	aid at the end of	fCY	0		0		0		0		0	XXX		XXX		XXX	
181	Col (7B)	AY 1996, Unp	aid at the end of	fCY	0		0		0		0		0		0	XXX		XXX	
182	Col (7B)	AY 1995, Unp.	aid at the end of	fCY	0		0		0		0		0		0		0	XXX	
183	Col (7B)		aid at the end of		0		0		0		0		0		0		0		0
184	Col (7B)	AY 1993 & prid	or. Unpaid at the	e end of CY	<u>o</u>		<u>o</u>		<u>o</u>		0		<u>o</u>		ō		<u>o</u>		0
185	• •	Total			ō		ō		ō		ō		ō		ō		ō		ō
186																			
182 183 184 185 186 187 188		Total Col (7A)	+ Col (7B)		0		0		0		0		0		0		0		0
188		Exhibit 1, Col	10)		0		0		0		0		0		0		0		0
189 190																			
190																			

	AA	AB	AC	AD	AE	AF		AG		AH	Al		AJ		AK		AL
1	Group Name:		Name				BIA	UM Liab									Input Sheet
	Group NAIC #		#					Liab									Section C
	Company Na		Name				PIE			XXX							0000
	Company NA		#					ys Dam		777							
5	Year Filed:		2002					TAL									
6	rear rinco.		2002				-10	TAL.									
17																	
	Exhibit 2 - Pa	-4.0															
191										=							
	Allocation of	Calendar Qua	irter 1, by Accid	ient Year						First Quarte							
193					1Q 2002	1Q 2	2001	1Q.2	2000	1Q 1999	<u>1Q 1</u>	998	1Q 1	997	<u>1Q 1</u>	996	1Q 1995
194		Direct Paid Lo				1001		1001		1004							
195	Col (10)	AY 2002, Pai			0	XXX	_	XXX		XXX	XXX		XXX		XXX		XXX
196	Col (10)	AY 2001, Pai			0		0	XXX		XXX	XXX		XXX		XXX		XXX
197	Col (10)	AY 2000, Pai			0		0		0	XXX	XXX		XXX		XXX		XXX
198	Col (10)	AY 1999, Pai			0		0		0	0	XXX		XXX		XXX		XXX
199	Col (10)	AY 1998, Pai			0		0		0	0		0	XXX		XXX		XXX
200	Col (10)	AY 1997, Pai			0		0		0	0		0		. 0	XXX		XXX
201	Col (10)	AY 1996, Pai			0		0		0	0		0		0		0	XXX
198 199 200 201 202 203 204 205 206	Col (10)	AY 1995, Pai		•	0		0		0	0		0		0		0	0
203	Col (10)	AY 1994, Pai	d in the CQ		0		0		0	0		0		0		0	0
204	Col (10)	AY 1993 & pr	ior, Paid in the (20	<u>0</u>		<u>o</u>		<u>o</u>	<u>o</u>		<u>0</u>		<u>0</u>		<u>o</u>	<u>o</u>
205		Total			0		0		0	0		0		0		0	0
206																	
207	Direct Unpak	d Case Loss															
208	Col (12A)	AY 2002, Unj	paid at the end o	of CQ	0	XXX		XXX		XXX	XXX		XXX		XXX		XXX
209	Col (12A)	AY 2001, Unj	paid at the end o	of CQ	0		0	XXX		XXX	XXX		XXX		XXX		XXX
210	Col (12A)	AY 2000, Unj	paid at the end o	of CQ	0		0		0	XXX	XXX		XXX		XXX		XXX
211	Col (12A)	AY 1999, Unj	paid at the end o	of CQ	0		0		0	0	XXX		XXX		XXX		XXX
212	Col (12A)	AY 1998, Unj	paid at the end o	of CQ	0		0		0	0		0	XXX		XXX		XXX
213	Coi (12A)	AY 1997, Uni	paid at the end o	of CQ	0		0		0	0		0		0	XXX		XXX
214	Col (12A)	AY 1996, Uni	paid at the end o	of CQ	0		0		0	0		0		0		0	XXX
215	Col (12A)	AY 1995, Uni	paid at the end o	of CQ	0		0		0	0		0		0		0	0
216	Col (12A)		paid at the end o		0		0		0	0		0		0		0	0
217	Col (12A)		ior, Unpaid at th		<u>o</u>		<u>0</u>		<u>o</u>	<u>0</u>		Q		<u>o</u>		<u>o</u>	0
218		Total		indiana de la companya del companya del companya de la companya de	ō		ō		ō	õ		ō		ō		õ	ō
208 209 210 211 212 213 214 215 216 217 218 219												•		•		•	_
220	Direct Unpak	Bulk/IBNR L	oss														
	Col (12B)		paid at the end o	of CQ	0	XXX		XXX		XXX	XXX		XXX		XXX		xxx
222	Col (12B)		paid at the end o		0		0	XXX		XXX	XXX		XXX		XXX		XXX
223	Col (12B)		paid at the end o		0		ō		0	XXX	XXX		XXX		XXX		XXX
224	Col (12B)		paid at the end o		ō		ō		ō	0	XXX		XXX		XXX		XXX
225	Col (12B)		paid at the end o		0		Ô		ō	ő	,,,,,	0	XXX		XXX		XXX
228	Col (12B)		paid at the end o		n		ő		0	0		Ö	,,,,,	0	XXX		xxx
227	Col (12B)		paid at the end o		n		0		n	0		0		Ô	,,,,,	0	XXX
220	Col (12B)		paid at the end o		0		0		o	0		0		0		0	^~~
220	Col (12B)		paid at the end o		0		0		0	0		0		0		0	. 0
220	Col (12B)		ior. Unpaid at th		0		•		<u>o</u>	0		-		-		-	0
230	CGI (12B)	Total	ior, oripalu at tri	E EIN UI OU	<u>0</u>		<u>0</u> 0		Ō	<u>0</u>		<u>0</u>		<u>0</u>		<u>0</u> 0	ñ
221 222 223 224 225 226 227 228 229 230 231		i otal			U		U		U	U		U		U		U	U
232																	

I AA	AB AC A	D AE	AF	AG		AH	I AI		AJ		K	AL
1 Group Name				BI/UM Liab					~		<u> </u>	Input She
2 Group NAIC				PD Liab								Section
3 Company Na	me: Name			PIP		XXX	_					
4 Company NA				Phys Dam								
5 Year Filed:	2002			TOTAL								
6							-					
7 1												
	Direct Paid ALAE			****************								
	AY 2002, Paid in the CQ	0	XXX	XXX		XXX	XXX		XXX	×	xx	xxx
35 Col (14)	AY 2001, Paid in the CQ	ő		0 XXX		XXX	XXX		XXX		XX	XXX
36 Col (14)	AY 2000, Paid in the CQ	0		0	0	XXX	XXX		XXX		XX	XXX
37 Col (14)	AY 1999, Paid in the CQ	0		Ö	0		0 XXX		XXX		XX	XXX
38 Col (14)	AY 1998, Paid in the CQ	0		0	0		0	0	XXX		XX	XXX
39 Col (14)	AY 1997, Paid in the CQ	0		0	0		0	0	~~~		XX	XXX
40 Col (14)	AY 1996, Paid in the CQ	0		0	0		0	0		0 ^	~	
41 Col (14)	AY 1995, Paid in the CQ	0		0	0		0	0		0	0	
42 Col (14)	AY 1994, Paid in the CQ	0		0	0		0	0		0	0	
42 Col (14) 43 Col (14)	AY 1993 & prior, Paid in the CQ	•		-	-		-	-				
43 COI (14)		, 0		0	0		<u>0</u> 0	ō		<u>0</u> 0	0	
4	Total	·		0	0	'	U	0		O	U	
45												
	id Case ALAE	_	ww	w		100	M					
47 Col (16A)	AY 2002, Unpaid at the end of CQ	0		XXX		XXX	XXX		XXX		XX	XXX
48 Col (16A) 49 Col (16A)	AY 2001, Unpaid at the end of CQ	0		0 XXX		XXX	XXX		XXX		XX	XXX
49 Col (16A)	AY 2000, Unpaid at the end of CQ	0		0	0	XXX	XXX		XXX		×Χ	XXX
50 Col (16A)	AY 1999, Unpaid at the end of CQ	0		0	0		0 XXX		XXX		KX	XXX
51 Col (16A)	AY 1998, Unpaid at the end of CQ	0		0	0		0	0	XXX		KX	XXX
52 Col (16A)	AY 1997, Unpaid at the end of CQ	0		0	0		0	0			KX	XXX
53 Col (16A)	AY 1996, Unpaid at the end of CQ	0		0	0		0	0		0	0	XXX
54 Col (16A)	AY 1995, Unpaid at the end of CQ	0		0	0		0	0		0	0	
55 Col (16A)	AY 1994, Unpaid at the end of CQ	0		0	0		0	0		0	0	
56 Col (16A)	AY 1993 & prior, Unpaid at the end of CQ	<u>0</u>		<u>o</u>	0	9	<u>o</u>	0		<u>0</u>	0	
57	Total	0		0	0	(0	0		0	0	
50 Col (16A) 51 Col (16A) 52 Col (16A) 53 Col (16A) 54 Col (16A) 55 Col (16A) 56 Col (16A) 57 58 59 Direct Unpai												
59 Direct Unpai	d Bulk/IBNR ALAE											
60 Col (16B)	AY 2002, Unpaid at the end of CQ	0	XXX	XXX		XXX	XXX		XXX	X	KX	XXX
61 Col (16B)	AY 2001, Unpaid at the end of CQ	0		0 XXX		XXX	XXX		XXX	X	KX	XXX
62 Col (16B)	AY 2000, Unpaid at the end of CQ	0		0	0	XXX	XXX		XXX	X	KX	XXX
63 Col (16B)	AY 1999, Unpaid at the end of CQ	0		0	0		0 XXX		XXX	X	KX	XXX
64 Col (16B)	AY 1998, Unpaid at the end of CQ	0		0	0	(0	0	XXX	x	×Χ	XXX
65 Col (16B)	AY 1997, Unpaid at the end of CQ	0		0	Ó		0	0			×Χ	XXX
60 Col (16B) 61 Col (16B) 52 Col (16B) 63 Col (16B) 65 Col (16B) 65 Col (16B) 67 Col (16B) 69 Col (16B) 69 Col (16B) 69 Col (16B)	AY 1996, Unpaid at the end of CQ	0		ō	ō		Ō	ō		0	0	XXX
F7 Col (16B)	AY 1995, Unpaid at the end of CQ	n		0	Ö		Ö	Ö		0	0	,
88 Col (16B)	AY 1994, Unpaid at the end of CQ	0		Ö	ő		0	0		0	ő	
69 Col (16B)	AY 1993 & prior, Unpaid at the end of CQ	ő		Ö	<u>o</u>		0	0		<u>0</u>	<u>o</u>	
70	Total	0 2		ŏ	ņ		ŏ	ŏ		Ď	ŏ	
71				<u> </u>	<u>`</u>		×					
72												
73 Exhibit 2 - Pa	art 3											
74 Not Applicat						Calon	ndar Year					
re Applicat	, i.e.	2001	20	00	1999	199		1997		996	1995	199
75 76 Col (19) 77 Col (20) 78 Col (22)	Direct Incurred Loss - CW	XXX 2001	XXX	<u>w</u>	1008	XXX 199	<u>•</u> xxx	1001	XXX		KX <u>1995</u>	XXX 195
76 Col (19)	Direct Incurred Loss - CW Direct Incurred ALAE - CW	XXX	XXX	XXX		XXX	XXX		XXX			
(20)	Direct Incurred ALAE - CW Direct Incurred ULAE - CW	XXX	XXX	XXX		XXX	XXX		XXX		XX XX	XXX
78 Col (22)	Direct incurred OLAE - CVV								- ***	^	<u>~</u>	***
79 30												
	Tell Ferrar (00	rithe ultimated 4 cool	Decide De		1Ab 1	000						
Exhibit 3	Tail Factor (99 mo	nths-ultimate) 1.000	Provide Docum	nentation if great	ier than 1	.000						
32 33												

1	AA	AB	AC	AD	AE	AF	AG	AH	Al	AJ	AK	AL
1 (Group Name:		Name				BI/UM Liab					Input Shee
2 (Group NAIC #:		#			Ī	PD Liab					Section C
3 (Company Name:		Name			Ī	OID.	XXX				
4	Company NAIC #	:	#			Ē	hys Dam					
5	ear Filed:		2002			_	OTAL					
6 7						_						
	xhibit 4							Calendar				
	Not Applicable				2001	2000	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	1995	1994
286				.		100	1001		100	100	100	
287	Col (1)	item 1	Direct Written		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
288	Col (1)	Item 2	Direct Earned		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
289	Col (1)	Item 3		cquisition Expense - CW	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
290	Col (1)	Item 4	Direct General		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
286 287 288 289 290 291 292 293	Col (1)	Item 5		sion & Brokerage - CW	XXX XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX
292	Col (1)	Item 6	Direct Taxes, L	icenses & Fees - CW	***	***	***	***	***	***	***	***
293	Source: Annual	Statement	NI Dago 15 II	no 10 1								
294 295 296 297 298 299	Col (3)	Item 5		sion & Brokerage - NJ	0	0	0	xxx	xxx	xxx	xxx	XXX
295	Col (3)	Item 6		icenses & Fees - NJ	0	0	0	XXX	XXX.	XXX	XXX	XXX
290	Col (3)	Item 8	LAD Fees Paid		0	0	0	XXX	XXX	XXX	XXX	XXX
208	OG (3)	item o	LAD I CCS Fait	1-143				700		700	7000	700
299												
300 I	xhibit 5							Purchase	Year			
	Not Applicable				2001	2000	1999	1998	<u>1997</u>	<u>1996</u>	1995	1994
302 303 304 305 306 307 308 309												
303	Part 1	item 1	Agents Balance		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
304	Part 1	Item 2	Unearned Pren	nium Reserve	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX
305	5.464			-48 8-45 5-4-1-1	WWW	VVV	VVV	WW.	VVV	ww.	VVV	VANA
306	Part 2A	Item 1		end & Real Estate Income	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
307	Part 2A	Item 2.1	Investment Exp		XXX	XXX	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX
308	Part 2A	Item 2.2	Depreciation of		XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX	XXX
309	Part 2A	Item 2.3	Unaffiliated Prefe		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
310	Part 2A Part 2A	Item 2.4 Item 2.5	Unaffiliated Co		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
311	Part 2A	Item 2.5	Affiliated Comr		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
312	Part 2A	Item 2.7	Other Invested		XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX
314	Part 2A	Item 2.7		Co's Own Occupancy	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
315	1 all 27	1.0111 2.0	TOOL LOCALE TO	OU O OWIT OCCUPATOR	~~	/VV	7000	, , , , , , , , , , , , , , , , , , ,	700	,,,,,,	,,,,,	, , , , , , , , , , , , , , , , , , ,
316	Part 2B	Item 4.1	Bonds Acquire	ri	xxx	xxx	XXX	xxx	xxx	xxx	xxx	XXX
317	Part 2B	Item 4.2		s on Real Estate	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
318	Part 2B	Item 4.3	Real Estate Ac		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
319	Part 2B	Item 4.4	Collateral Loan		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
320	Part 2B	Item 4.5		and on Deposit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
321	Part 2B	Item 4.6	Short-Term Inv		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
310 311 312 313 314 315 316 317 318 319 320 321 322	Part 2B	Item 4.7	Derivative Instr		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
323 324												
_												
324												

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	AA	AB		<u>; </u>	AD	AE	AF	AG	AH	Al	AJ	AK	AL
	Group Name		Name					BI/UM Liab					Input Sheet
	Group NAIC		#					PO Liab					Section C
	Company Na		Name					PIP	XXX				
	Company NA	VIC #:	#					Phys Dam					
5	Year Filed:		2002					TOTAL					
6	l												
7													
	Exhibit 6												
	Not Applical	ble								ear ending 3/31			
327				_		2002 (Estimated)	2001	200	<u>196</u>	99 <u>19</u> 1	<u>98 19</u>	<u>1996</u>	<u>1995</u>
_	Cumulative A												
329	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
329 330 331 332 334 335 336 337	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
331	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
332	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
333	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
334	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
335	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
336	Part 1	AY 1994	Received thro	rugh CY	,	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
				_	_								
	Cumulative A				2								
339	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
340	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
341	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
342	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
343	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
344	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
345	Part 1		Received thro			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
349 341 342 343 344 345 346 347	Part 1	AY 1994,	Received thro	ugh CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
347													
348	Cumulative A			•••		100		NAM.	100	1001	100	100	100
349	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
350	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
351	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
352	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
353	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
354	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
355	Part 3		Paid through			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
356	Part 3	AY 1994	Paid through	UY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
349 350 351 352 353 354 355 356 357 358													
358	L												

	AA AB	I AC	I AD		AE I	AF	AG	AH	AI	T	A I	AK I	AL
1 G	roup Name:	Name	1				BI/UM Liab						Input Sheet
2 G	Froup NAIC #:	#					PD Liab						Section C
	ompany Name:	Name					PIP	XXX					
	ompany NAIC #:	#		•			Phys Dam	,,,,,					
	ear Filed:	2002					TOTAL						
6													
7													
359 E	xhibit 7			MANAGEMENT PROPERTY.					· · · · · · · · · · · · · · · · · · ·	A-7			
	Il data on Exhibit 7 is for I	New Jersey bu	siness only.					Calendar Y	ear Excess Profi	t Paid			
361		•	2	002	2001	2000	19	99	1998	1997	1996	1995	1994
362 E	xcess Profit Refund Paid		,										
363	Item 1			0	0	0		0	0	0	0	0	0
364													
	arryforward Used												
366	Item 2.1	in AY 2001		0	0	0		0	0	0	0	0	0
367	item 2.2	in AY 2000		0	0	0		0	0	0	0	0	0
368	Item 2.3	in AY 1999		0	0	0		0	0	0	0	0	0
369	Item 2.4	in AY 1998	XXX		0	0		0	0	0	0	0	0
370	Item 2.5	in AY 1997	XXX		XXX	0		0	0	0	0	0	0
371	Item 2.6	in AY 1996	XXX		XXX	XXX		0	0	0	0	0	0
372	Item 2.7	in AY 1995	XXX		XXX	XXX	XXX	W	0	0	0	0	0
367 368 369 370 371 372 373 374 375 376 377 378	Item 2.8	in AY 1994	XXX XXX		XXX	XXX XXX	XXX XXX	XXX	100	0	0	0	0
374	Item 2.9	in AY 1993							XX		-	0	U
375	Item 2.10	in AY 1992	XXX XXX		XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX		XXX XXX	•	U
376	Item 2.11	in AY 1991			***	***	***	***		`	***	XXX	U
377								Calandar V	ear Excess Profi	t Doid			
3/8					1993	1992	19		1990	1989	1988	1987	1986
3/9	xcess Profit Refund Paid				1993	1992	10	21 .	1990	1909	1900	1901	1900
381	Item 1				0	0		0	0	0	0	0	0
382	HEIII 1				v	·		•	·	·	v	·	, i
	arryforward Used												
384	Item 2.1	in AY 2001			0	0		0	0	0	0	0	o
385	Item 2.2	in AY 2000			Ō	0		0	Ō	0	0	Ō	0
386	Item 2.3	in AY 1999			0	0		0	0	0	0	0	0
387	Item 2.4	in AY 1998			0	0		0	0	0	0	0	0
388	Item 2.5	in AY 1997			0	0		0	0	0	0	0	o
389	Item 2.6	in AY 1996			0	0		0	0	0	0	0	0
390	Item 2.7	in AY 1995			0	0		0	0	0	0	0	0
391	Item 2.8	in AY 1994			0	0		0	0	0	0	0	0
392	Item 2.9	in AY 1993			0	0		0	0	0	0	0	0
393	Item 2.10	in AY 1992			0	0		0	0	0	0	0	0
394	Item 2.11	in AY 1991			0	0		0	0	0	0	0	0
395	Item 2.12	in AY 1990			0	0		0	0	0	0	0	0
396	Item 2.13	in AY 1989			XXX	0		0	0	0	0	0	. 0
397	Item 2.14	in AY 1988			XXX	XXX		0	0	0	0	0	0
398	Item 2.15	in AY 1987			XXX	XXX	XXX		0	0	0	0	0
399	Item 2.16	in AY 1986			XXX	XXX	XXX	XXX		. 0	0	0	0
400	Item 2.17	in AY 1985			XXX	XXX	XXX	XXX	XX		0	0	0
385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402	Item 2.18	in AY 1984			XXX	XXX	XXX	XXX	XX		XXX	0	0
402	Item 2.19	in AY 1983			XXX	XXX	XXX	XXX		<u> </u>	XXX	XXX	0
403													
404 405 E	-hihi e												
405 E	xhibit 8 Item 23	Holding Com-	pany System (Y or N)		N								
700	Rem 23	noung com	cary Cystem (1 Or 14)										

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1	Group Na		Name			I/UM Liab				Exhibit 1C
	Group NA		#			D Liab				Sheet 1
	Company		Name		F	IP .	XXX			
	Company		#		Ē	hys Dam				
5	Year Filed	d:	2002		ī	OTAL				
6	1					· · · · · · · · · · · · · · · · · · ·				
7	Calendar	Year 2001		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
8]			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
9				Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
10	1			<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
11	Item 1	Source: Pag	ge 15	0	0	0	0	0	0	0
12	Item 2	UCJF Asset	ssments & Excess Medical Benefits	0	0	XXX	XXX	0	0	0
13	Item 3	Total Exclus	sions	0	0	0	0	0	0	0
14	Item 4	Excess Prof	fit Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
15	1									
16	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
17	Item 5b	All Other Di	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
18	1									
18 19 20 21 22 23										
20					Coi (8)	Col (9)	Col (10)			
21]				Direct	Direct	Direct			
22					Paid	Incurred	Unpaid			
23					ALAE	ALAE	ALAE			
	Item 1	Source: Pag	ge 15		0	0				
	Item 3	Total Exclus	sions		<u>0</u>	<u>o</u>	<u>0</u>			
	Item 4	Excess Prof	fit Data (Item 1 - Item 3)		ō	ō	ō			
27										
28										

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29	Group Na		Name			BI/UM Liab				Exhibit 1C
	Group NA		#			PD Liab				Sheet 2
	Company		Name			PIP	XXX			
	Company		#			Phys Dam				
	Year Filed		2002		•	TOTAL				
34					•					
35	Calendar '	Year 2000		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
36	item 1			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
37	1			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
38	1			<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
39	Item 1	Source: Pag	ge 15	0	0	0	0	0	0	. 0
40	Item 3	UCJF Asses	ssments & Excess Medical Benefits	0	0	XXX	XXX	0	0	0
41	Item 3	Total Exclus	sions	0	0	0	0	0	0	0
42	Item 4	Excess Prof	fit Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
43										
44	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
45	Item 5b	All Other Di	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
46										
46 47 48 49 50]									
48					Col (8)	Col (9)	Col (10)			
49]				Direct	Direct	Direct			
50					Paid	Incurred	Unpaid			
					<u>ALAE</u>	<u>ALAE</u>	<u>ALAE</u>			
_	Item 1	Source: Pag			0	0	0			
	Item 3	Total Exclus			<u>0</u>	<u>0</u>	<u>0</u>			
	Item 4	Excess Prof	fit Data (Item 1 - Item 3)		0	0	0			
55 56										
56	<u> </u>									

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-	W Crown No	X	Name	z	AA	AB BI/UM Liab	AC	AD	AE	AF
	Group Na									Exhibit 1C
	Group NA		#			PD Liab	WW			Sheet 3
	Company		Name			PIP	XXX			
	Company		#			Phys Dam				1
_	Year Filed	3:	2002			TOTAL				
62										
		Year 1999		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
64 65 66	4			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
65	4			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
66	4	_		<u>Premium</u>	Premium	<u>Business</u>	<u>Premium</u>	<u>Losses</u>	Losses	Losses
	Item 1	Source: Pag		0	0	0	0	0	0	0
	Item 2		ssments & Excess Medical Benefits	0	0	XXX	XXX	0	0	이
	Item 3	Total Exclus		0	0	0	0	0	0	이
70	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	이
71	4		•							
	Item 5a		xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
73	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
74										1
75]									1
76]		•		Col (8)	Col (9)	Col (10)			i
77					Direct	Direct	Direct			
78]				Paid	Incurred	Unpaid			1
79	Item 1				ALAE	ALAE	ALAE			
80	Item 1	Source: Pag	je 15		0	0	0			l
81	Item 3	Total Exclus	sions		<u>o</u>	<u>0</u>	<u>0</u>			
82	Item 4	Excess Prof	it Data (Item 1 - Item 3)		ō	ō	ō			
83										
83 84	1									İ
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85	Group Na	me:	Name			BI/UM Liab				Exhibit 1C
86	Group NA	IC #:	#			PD Liab				Sheet 4
87	Company	Name:	Name			PIP	XXX			
88	Company	NAIC #:	#			Phys Dam				
	Year Filed		2002			TOTAL				
90										
91	Calendar	Year 1998		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
92				Direct	Direct	Dividends	Direct	Direct	Direct	Direct
93				Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
94				<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
95	Item 1	Source: Pag	je 15	0	0	0	0	0	0	0
96	Item 2	UCJF Asses	ssments & Excess Medical Benefits	0	0	XXX	XXX	0	0	0
	Item 3	Total Exclus	sions	0	0	0	0	0	0	0
98	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
99	Item 5a		•							
		Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
101	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
102 103 104 105 106										
103										
104					Col (8)	Col (9)	Col (10)			
105					Direct	Direct	Direct			
106					Paid	Incurred	Unpaid			
					<u>ALAE</u>	<u>ALAE</u>	ALAE			
108	Item 1	Source: Pag	je 15		0	0	. 0			
109	Item 3	Total Exclus	ions		<u>0</u>	<u>0</u>	<u>0</u>			
110	Item 4	Excess Prof	it Data (Item 1 - Item 3)		0	0	0			
111										
112	L									

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1112	Group Na		Name			BI/UM Liab	L AC I	AU I	AE L	Exhibit 1C
	Group NA		#			PD Liab				Sheet 5
	Company		Wame			PIP	XXX			Oncot 0
	Company		#			Phys Dam				
	Year Filed		2002			TOTAL				
118	4	••	2002			TOTAL				
		Year 1997		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
		1001 1001		Direct	Direct	Dividends	Direct	Direct	Direct	Direct
120 121 122				Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
122	1			Premium	Premium		Premium	Losses	Losses	Losses
123	Item 1	Source: Pag	ne 15	0	0	0	0	0	0	0
	Item 2		ssments & Excess Medical Benefits	Ö	0	XXX	XXX	Ō	Ō	0
	Item 3	Total Exclus		0	0	0	0	0	0	. 0
	Item 4	Excess Pro	fit Data (Item 1 - Item 2 - Item 3)	Ō	0	0	0	0	0	0
127	4		,							
	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
	Item 5b		vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
131	1									
132					Col (8)	Col (9)	Col (10)			
133					Direct	Direct	Direct			
134	1				Paid	Incurred	Unpaid			
130 131 132 133 134					ALAE	ALAE	ALAE			
	Item 1	Source: Pag	ge 15		0	0	0			
	Item 3	Total Exclus			<u>0</u>	<u>0</u>	<u>0</u>			
138	Item 4	Excess Prof	fit Data (Item 1 - Item 3)		0	0	0			
139 140										

	W	X	Y	Z	AA	AB	AC		AD	AE	AF
141	Group Na	me:	Name			BI/UM Liab					Exhibit 1C
	Group NA		#			PD Liab					Sheet 6
143	Company	Name:	Name			PIP	XXX				
144	Company	NAIC #:	#			Phys Dam					
145	Year Filed	l:	2002			TOTAL					
146											
147	Calendar '	Year 1996		Col (1)	Col (2)	Col (3) C	ol (4)	Col (5)	Col (6)	Col (7)
148				Direct	Direct		ds 1	Direct	Direct	Direct	Direct
148 149 150				Written	Earned	on Dire	ct Une	arned	Paid	Incurred	Unpaid
150				<u>Premium</u>	<u>Premium</u>	<u>Busines</u>	ss Pre	<u>mium</u>	Losses	Losses	Losses
151	Item 1	Source: Pag	e 15	0	0	l .	0	0	0	0	0
	Item 2	UCJF Asses	sments & Excess Medical Benefits	0	0	XXX	XXX		0	0	0
	Item 3	Total Exclus	ions	0	0	l	0	0	0	0	0
154	Item 4	Excess Profi	it Data (Item 1 - Item 2 - Item 3)	. 0	0	•	0	0	0	0	0
155			•								
156	Item 5a	Refund of Ex	xcess Profit, included in Col (3)	XXX	XXX		0 XXX		XXX	XXX	XXX
157	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX		0 XXX		XXX	XXX	XXX
158 159 160 161 162 163											
159											
160					Col (8)			l (10)			
161					Direct		ect i	Direct			
162					Paid			npaid			
163					ALAE	ALA	<u>E</u>	ALAE			
164	Item 1	Source: Pag			0		0	0			
	Item 3	Total Exclus			<u>0</u>	!	Ω	<u>o</u>			
166	Item 4	Excess Profi	t Data (Item 1 - Item 3)		0		0	0			
167 168											
168											

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100	Crove No.	<u> </u>	No	l	Z	AA	AB BI/UM Liab	AC	AD	AE	AF Exhibit 1C
	Group Nar		Name "				PD Liab				
	Group NA		#				PIP	1004			Sheet 7
	Company		Name "					XXX			
	Company		#				Phys Dam				
-	Year Filed	:	2002			-	TOTAL	······			
174								·			
	Calendar \	Year 1995			Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
176 177 178					Direct	Direct	Dividends	Direct	Direct	Direct	Direct
177					Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
178					<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
	Item 1	Source: Pag			0	0	0	0	0	0	0
	Item 2		ssments & Excess Medical	Benefits	0	0	XXX	XXX	0	0	0
	Item 3	Total Exclus			0	0	0	0	0	0	0
182	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Ite	em 3)	0	0	0	0	0	0	0
183											
184	Item 5a	Refund of E	xcess Profit, included in Co	i (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
185	Item 5b	All Other Div	vidends, included in Col (3)		XXX	XXX	0	XXX	XXX	XXX	XXX
186											
187											
188						Col (8)	Col (9)	Col (10)			
189						Direct	Direct	Direct			
190						Paid	Incurred	Unpaid			
186 187 188 189 190						ALAE	ALAE	ALAE			
192	Item 1	Source: Pag	je 15			0	0	0			
193	Item 3	Total Exclus	ions			<u>o</u>	<u>0</u>	<u>0</u>			
194	Item 4	Excess Prof	it Data (Item 1 - Item 3)		_	ō	ō	Ō			
195											
195 196											

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197 Group Na	ime:	Name			BI/UM Liab				Exhibit 1C
198 Group NA	AIC #:	#			PD Liab				Sheet 8
199 Company	Name:	Name			PIP	XXX			Ī
200 Company		#	•		Phys Dam				
201 Year File	đ:	2002			TOTAL				
202									
203 Calendar	Year 1994		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
204 205 206			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
205			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
206			<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
207 Item 1	Source: Pag		0	0	0	0	0	0	이
208 Item 2		ssments & Excess Medical Benefits	0	0	XXX	XXX	0	0	이
209 Item 3	Total Exclus		0	0	0	0	. 0	0	이
210 Item 4	Excess Prof	fit Data (Item 1 - Item 2 - Item 3)	0	0	0	, 0	0	0	이
211									
212 Item 5a		xcess Profit, included in Col (3)	XXX	XXX	Ó	XXX	XXX	XXX	XXX
213 Item 5b	All Other Di	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	xxx
214									1
215									
216				Col (8)	Col (9)	Col (10)			
217				Direct	Direct	Direct			
218				Paid	Incurred	Unpaid			
219	_			ALAE	ALAE	ALAE			
214 215 216 217 218 219 220 Item 1	Source: Pag	•		0	0	0			
221 Item 3	Total Exclus			<u>0</u>	<u>0</u>	<u>Q</u>			1
222 Item 4	Excess Prof	fit Data (Item 1 - Item 3)		0	0	0			

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1	Group Name:	Name				BI/UM Liab	AC .	AU 1		Exhibit 2C
2	Group NAIC #:	#				PD Liab		•		Sheet 1
	Company Name:	Name				PIP	XXX	•		Officer
13	Company NAIC #:	#				Phys Dam				
1=	Year Filed:	2002				TOTAL		•		
5	rear rileo.	2002				TOTAL				
	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
8	Calendar Year 2001	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
9	Calcillar rear 2001	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
10	Accident Year	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01		, Col (3), Item 5b]	@ 12/31/01	@ 12/31/01
11	2001	0	0	0	0	<u>922 12/31/01</u>	0	0 (3), Rem (3)	0	0
12		ő	ŏ	0	0	0	0	Ö	ő	ŏ
13	1999	0	0	0	0	0	0	0	0	0
14	1998	0	0	0	0	0	0	0	0	ŏ
15	1997	0	. 0	0	0	0	0	0	0	ŏ
16		0	. 0	0	0	0	0	0	0	ŏ
17	1995	0	0	0	0	0	0	0	0	ŏ
18		0	0	0	0	0	0	0	Ö	ŏ
19		<u>0</u>	•	0	0	0	<u>0</u>	0	<u>0</u>	ŏ
20		<u>0</u>	<u>0</u>	<u> </u>	0	<u>0</u>	<u>0</u>	Ö	0	0
21	10121									
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
23	Calendar Qtr 2002-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
24	Calcinaal Qui 2002 1	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
25	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
25 26	2002	0	0	0	0	0	0	0	0	0
27	2001	Ŏ	ō	ō	Ö	0	Ō	0	Ō	ō
28	2000	Ō	ō	ō	ō	Õ	Ö	Ö	Ō	o
29	1999	Ô	Õ	ŏ	Ö	Õ	0	Ö	Ō	ō
30	1998	Ŏ	Ö	Ŏ	Ō	0	Ō	Ō	Ō	o
31	1997	Ō	ō	Ŏ	Ö	Ö	Ö	Ö	0	o
32	1996	Ô	Ō	Ō	Ō	Ō	Ō	Ö	Ō	o
33	1995	0	Ō	Ō	0	0	Ō	0	0	o
34	1994	Ō	Ō	Ō	Ö	Ö	0	0	0	o
35	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	0	0	<u>0</u>	<u>0</u>	<u>0</u>	ol
36	Total	ō	ō	ō	ō	Ō	ō	ō	ō	<u>0</u> 0
37										
38	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				
39	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
40	2001	0	0	0	0	0.000				
41	2000	0	0	Ö	0	0.000				
42	1999	0	0	0	0	0.000				
43	Average					0.000				
44	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
45										
46										

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47		Name				BI/UM Liab				Exhibit 2C
48	Group NAIC #:	#			<u> </u>	PD Liab				Sheet 2
	Company Name:	Name				PIP	XXX			
50	Company NAIC #:	#				Phys Dam				
51	Year Filed:	2002			-	TOTAL				
52										
53	Part 1	Col (1)	Col (2)	Col (3)	Coi (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
54	Calendar Year 2000	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
55		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
56 57 58	Accident Year	@ 12/31/00	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>	<u>@ 12/31/00</u>
57	2000	0	0	0	0	0	0	0	0	0
58	1999	0	0	0	0	0	0	0	0	0
59 60	1998	0	0	0	0	0	0	0	0	0
60	1997	0	0	0	0	0	0	0	0	0
61	1996	0	, 0	0	0	0	0	0	0	0
62	1995	0	0	0	0	0	0	0	0	0
63	1994	0	0	0	0	0	0	0	0	0
64	1993 & prior	<u>0</u>	ō	<u>0</u>	0	<u>0</u>	ō	0	<u>0</u>	<u>o</u> l
65	Total	0	0	0	0	0	0	0	0	0
66	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
67		• • •	Cumulative	Case	Cor(13)	Incremental	Cumulative	Case	Col (17)	` '
68	Calendar Qtr 2001-1	Incremental Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Case Incurred Loss+ALAE
69	Accident Year	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01	@ 3/31/01
170	2001	<u>(W. 3/3 1/01</u> O	<u>@ 3/31/01</u> 0	0	<u>(U. 3/31/01</u> 0	<u>(W 3/31/01</u> 0	<u>(W 3/31/01</u> 0	0	<u>(W. 3/3 1/0 1</u> 0	<u>(W. 3/3 1/0 1</u>
70 71 72 73 74 75 76 77	2000	0	Ô	0	0	0	0	0	0	o o
72	1999	0	0	n	0	0	0	0	0	o
74	1998	0	0	ñ	0	0	ŏ	0	ő	0
75	1997	Õ	Ö	Õ	Ů	0	ň	Ŏ	ň	o o
76	1996	0	ő	Ô	Ö	Ö	Ô	Ö	Ö	o
77	1995	Õ	Õ	ő	0	. 0	Ö	0	0	o o
78	1994	Ō	Ö	Ō	Ō	Ō	Ō	Ō	Ō	o
79	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>	<u>0</u>	o
80	Total	ō	ō	ō	ō	<u>0</u> 0	ō	ō	ō	ō
81										
82	Part 3	Col (19)	Col (20)	Col (21)	Col (21)	Col (22)				
83	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Inc. Loss+ALAE	Incurred ULAE				,
83 84	2000	0	0	0	0	0.000				1
85	1999	0	0	0	0	0.000				
86	1998	0	0	0	0	<u>0.000</u>				
87	Average					0.000				
88	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
89										
90										

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91	Group Name:	Name				BI/UM Liab				Exhibit 2C
		#			•	PD Liab				Sheet 3
93	Company Name:	Name			•	PIP	XXX	•		
94	Company NAIC #:	#			•	Phys Dam				
95	Year Filed:	2002				TOTAL				
96					•					
97	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
98	Calendar Year 1999	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
99		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
100	Accident Year	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99
101	1999	0	0	0	0	0	0	0	0	0
101 102	1998	0	0	0	0	0	0	0	0	0
103	1997	0	0	0	0	0	0	0	0	0
104	1996	0	0	0	0	0	0	0	0	0
105	1995	0	. 0	0	0	0	0	0	0	0
106	1994	0	0	0	0	0	0	0	0	0
107	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>
108	Total	0	0	0	0	0	0	00	0	0
109										
110	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
111	Calendar Qtr 2000-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
112		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
113 114	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
114	2000	0	0	0	0	0	0	0	0	0
115	1999	0	0	0	0	0	0	0	0	0
116 117	1998	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0
118	1996	0	0	0	0	0	0	0	0	0
119	1995	U	0	0	0	0	0	U	0	0
120	1994	0	0	0	0	0	0	0	0	O O
121 122	1993 & prior Total	<u>0</u>	<u>0</u> 0	<u>0</u>	<u>o</u>	<u>o</u>	<u>0</u>	0	<u>0</u> 0	<u>0</u>
123	Total		<u> </u>	<u> </u>			<u> </u>		<u> </u>	
	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				
	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
125 126	1999	0	Incurred ALAE	INC. LOSSTALAE	Incurred OLAE	0.000				
127	1998	0	0	0	•	0.000				
128	1998	0	0	0	0	0.000 0.000				
129	Average	U	U	U	U	0.000				
130	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
131	JE 12 1 20001	1711111111111	. 17107. 1.00			0.000				
132										
يت										

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122	Group Name:	Name		Z		BI/UM Liab	AC		AE 1	Exhibit 2C
	Group NAIC #:	#				D Liab				Sheet 4
	Company Name:	Mame				PIP	XXX			Sileet 4
	Company NAIC #:	#				Phys Dam				
					_					
	Year Filed:	2002				OTAL				
138	Part 1	0-1/4	0-1(0)	0-1(0)	0-1/4	O-1 (E)	Cal (6)	Cal (7)	C-1 (0)	Cal (O)
		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
140	Calendar Year 1998	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
141		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
142	Accident Year	<u>@ 12/31/98</u>	@ 12/31/98	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	@ 12/31/98	@ 12/31/98	@ 12/31/98	@ 12/31/98	@ 12/31/98
143	1998	0	0	0	0	0	0	0	0	0
144 145	1997	0	0	0	0	0	0	0	0	0
145	1996 ·	0	0	0	0	0	0	0	0	0
146	1995	0	0	0	0	0	0	0	0	0
147		0	· O	0	0	0	0	0	0	0
148	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
149		0	0	0	00	0	0	00	0	0
150										
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
152	Calendar Qtr 1999-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
153		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
154	Accident Year	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99	@ 3/31/99
153 154 155 156	1999	0	0	0	0	0	0	0	0	0
156	1998	0	0	0	0	0	0	0	0	o
157	1997	0	0	0	0	0	0	0	0	0
158	1996	0	0	0	0	0	0	0	0	0
159	1995	0	0	0	0	0	0	0	0	0
160	1994	0	0	0	0	0	0	0	0	o
161	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
160 161 162	Total	ō	ō		ō	ō	Ō	<u>ō</u>	ō	ō
163										
164										

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	Group Name: Group NAIC #:	Name				BI/UM Liab PD Liab				Exhibit 2C
	Company Name:	# Name				PIP	XXX			Sheet 5
	Company NAIC #:	mame #			,	Phys Dam				
	Year Filed:	2002		•		TOTAL				
170	1	2002				TOTAL				
	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
172		Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
173		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
1174	Accident Year	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97	@ 12/31/97
175 176 177	1997	0	0	0	0	0	0	0	0	0
176	1996	0	0	Ō	Ō	Ō	0	0	0	0
177	1995	0	0	0	0	0	0	0	0	Ō
178	1994	0	0	0	0	0	0	0	0	0
179	1993 & prior	<u>0</u>	. <u>o</u>	<u>o</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0
180	Total	0	0	0	0	0	Ō	0	0	Ō
181										
182	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
183	Calendar Qtr 1998-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
184		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
185 186 187 188	Accident Year	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>
186	1998	0	0	0	0	0	0	0	0	0
187	1997	0	0	0	0	0	0	0	0	0
188	1996	0	0	0	0	. 0	0	0	0	0
189	1995	0	0	0	0	0	0	0	0	0
190	1994	0	0	0	0	0	0	0	0	0
191 192	1993 & prior Total	ō	ō	<u>0</u>	0	<u>0</u>	ō	<u>0</u>	<u>0</u>	ō
		<u> </u>	U	0	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0
193 194										
194	L									

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105	W Group Name:	Name	Y	Z	A	AB BI/UM Liab	AC	AD	AE	Exhibit 2C
	Group NAIC #:	#				PD Liab				Sheet 6
	Company Name:	" Name				PIP	XXX			Sileero
		#				Phys Dam				
	Company NAIC #:	2002			_					
-	Year Filed:	2002			-	TOTAL				
200		Cal (4)	Cel (2)	Cal (2)	Cal (4)	Col (E)	Cal (6)	Col (7)	Cal (0)	Col (9)
-	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	
202	Calendar Year 1996	Incremental	Cumulative	Case	Case	Incremental Paid ALAE	Cumulative Paid ALAE	Case	Case	Case Incurred Loss+ALAE
203	A! d 1 N/	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss			Unpaid ALAE	Incurred ALAE	
204 205	Accident Year	@ 12/31/96	@ 12/31/96	@ 12/31/96	<u>@ 12/31/96</u>	<u>@ 12/31/96</u>	@ 12/31/96	@ 12/31/96	<u>@ 12/31/96</u>	@ 12/31/96
205	1996	0	0	0	0	0	0	0	0	0
206 207	1995	0	0	0	0	0	0	0	0	0
207	1994	0	0	0	0	0	0	0	0	0
208	1993 & prior	<u>o</u>	<u>0</u>	<u>o</u>	ō	ō	ō	<u>0</u>	<u>0</u>	<u>0</u>
209		0	. 0	0	0	0	0	0	0	0
210										
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
212		Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
213		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
214	Accident Year	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	<u>@ 3/31/97</u>	@ 3/31/97
215	1997	0	0	0	0	0	0	0	0	0
216	1996	0	0	0	0	0	0	0	0	0
217	1995	0	0	0	0	0	0	0	0	0
218	1994	0	0	0	0	0	0	0	0	0
219	1993 & prior	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
216 217 218 219 220	Total	0	0	0	0	0	0	0	0	0
221 222										
222										

		T								
202	W Group Name:	Name	YL		AA	BI/UM Liab	AC	AD	AE	AF Exhibit 2C
	Group NAIC #:	#				PD Liab				Sheet 7
	Company Name:	# Name				PIP	XXX			Sileet 1
	Company NAIC #:	#				Phys Dam				
_	Year Filed:	2002				TOTAL				
228		2002				TOTAL				
	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
230	Calendar Year 1995	Incremental	Cumulative	Case	Case		Cumulative	Case	Case	Case Incurred
231	Oalcillai real 1990	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss		Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
232	Accident Year	@ 12/31/95	@ 12/31/95	@ 12/31/95	@ 12/31/95		@ 12/31/95	@ 12/31/95	@ 12/31/95	@ 12/31/95
233	1995	0	0	0	0	0	0	0	0	0
234	1994	Ô	ñ	Ŏ	Ô		Ô	ň	ň	0
235	1993 & prior	ñ	ñ	ñ	Ô		0	0	o n	0
236	Total	ŏ	<u>×</u>	<u>v</u>	Ö	0	ŏ	0	0	Ŏ
237										<u>~</u>
238	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
239	Calendar Qtr 1996-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
240		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
241	Accident Year	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96
242	1996	0	0	0	0	0	0	0	0	0
243	1995	0	0	0	0	0	0	0	0	0
244	1994	0	0	0	0	0	0	0	0	0
245 246	1993 & prior	<u>0</u>	<u>0</u>	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	0
	Total	0	0	0	0	0	0	Ō	Ō	0
247										
248										

		,	· · · · · · · · · · · · · · · · · · ·			1 46 1		- AS T	46 T	
1046	Group Name:	Name	<u>Y</u>	Z	AA	BI/UM Liab	AC	AD	AE	AF Exhibit 2C
	4 '									
	Group NAIC #:	#				PD Liab	77777			Sheet 8
	Company Name:	Name				PIP	XXX			
_	Company NAIC #:	#				Phys Dam				
253	Year Filed:	2002				TOTAL				
254										
255	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
256	Calendar Year 1994	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
257	1	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
258	Accident Year	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94	@ 12/31/94
259	1994	0	0	0	0	0	0	0	0	0
260	1993 & prior	0	0	0	0	0	0	0	0	0
256 257 258 259 260 261	Total	ō	ō	ō	ō	ō	ō	0	ō	ō
262										
263	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
264	Calendar Qtr 1995-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
264 265		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
266	Accident Year	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95	@ 3/31/95
267	1995	0		0	0	0	0	0		0
268	1994	Ō	Ō	Ō	0	0	0	0	0	0
269	1993 & prior	0	0	0	Ō	0	0	0	0	O
266 267 268 269 270	Total	ō	ō	ō	ō	Ō	ō	Ō	ō	ō
271 272	1									
12/2	·									

	· ·	T Z T	- M T	AB	AC I	AD T	AE I	AF I	AG	AH I	Al
1	Group Name:	Name				BI/UM Liab			<u> </u>		Exhibit 3C
1 2	Group NAIC #:	#				PD Liab					Parts 1-3
	Company Name:	 Name				PIP	XXX				
	Company NAIC #:	#			7	Phys Dam					
5	Year Filed:	2002			7	OTAL					
6					-						
7											
8	Part 1										
9	Cumulative										
10	Case Incurred										
11	Loss + ALAE				Acciden						
12	as of	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	1998	<u>1999</u>	2000	<u>2001</u>		
13	15 months	0	0	0	0	0	0	0	o		
14	27 months	0	0	0	0	0	0	0	1		
15	39 months	0	0	0	0	0	U		1		
16	51 months 63 months	0	0.	0	0	U			1		
13 14 15 16 17 18	75 months	0	0	0	U				1		
19	87 months	0	0	U							
20	99 months	0	U								
21	33 monais										
22	Part 2								Col (A)		Col (B)
	Development				Accident Year				Incremental	Development	Cumulative
23 24 25 26 27 28 29 30 31	Factors	1994	1995	1996	1997	1998	1999	2000	<u>LDF</u>	Factors	LDF
25	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	15 mo ult.	0.000
26	27-39 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	27 mo uit.	0.000
27	39-51 months	1.000	1.000	1.000	1.000	1.000			0.000	39 mo ult.	0.000
28	51-63 months	1.000	1.000	1.000	1.000				0.000	51 mo ult.	0.000
29	63-75 months	1.000	1.000	1.000					0.000	63 mo ult.	0.000
30	75-87 months	1.000	1.000						0.000	75 mo ult.	0.000
31	87-99 months	1.000						T-7 F4	0.000	87 mo ult.	0.000
32								Tail Factor:	1.000	99 mo ult.	1.000
33	Part 3	Col (1)	Col (2)	Col (3)							
35	raits	ω ₁ (1)	OUI (2)	Projected							
36		Case Incurred	Loss + ALAE	Ultimate							
37		Loss + ALAE	Development	Loss + ALAE							
38	Accident Year	@ 3/31/02	Factor	@ 3/31/02							
39	2001	0	0.000	0							
40	2000	0	0.000	o							
41	1999	0	0.000	o							
42	1998	0	0.000	o							
43	1997	0	0.000	o							
35 36 37 38 39 40 41 42 43 44	1996	0	0.000	o							
45	1995	0	0.000	0							
46											
47											

Г	Y	Z	AA T	AB	AC I	AD I	AE	AF	AG	AH	Al
48	Group Name:	Name				BI/UM Liab					Exhibit 3C
49	Group NAIC #:	#			Ī	PD Liab					Parts 4-6
50	Company Name:	Name]	PIP	XXX				
	Company NAIC #:	#				Phys Dam					
	Year Filed:	2002			_	TOTAL					
53 54					_						
54											
55	Part 4										
56 57	Cumulative										
57	Case Incurred										
58 59 60 61 62 63 64 65	Loss + ALAE				Accident Year						
59	as of	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	2000			
60	15 months	0	0	0	0	0	0	이			
61	27 months	0	0	0	0	0	0				
62	39 months	0	0	0	0	0					
63	51 months	0	0 ,	0	0						
64	63 months	0	0	0							
65		0	0					1			
66 67	87 months	0						i			
68											
	Part 5								Col (A)		Col (B)
70	Development			Accident	Year				Incremental	Development	Cumulative
71 72 73 74 75 76 77 78	<u>Factors</u>	1994	1995	1996	1997	<u>1998</u>	1999		LDF	Factors	LDF
72	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
73	27-39 months	1.000	1.000	1.000	1.000	1.000			0.000	27 mo ult.	0.000
74	39-51 months	1.000	1.000	1.000	1.000				0.000	39 mo ult.	0.000
75	51-63 months	1.000	1.000	1.000					0.000	51 mo ult.	0.000
76	63-75 months	1.000	1.000						0.000	63 mo ult.	0.000
77	75-87 months	1.000							0.000	75 mo ult.	0.000
78								Tail Factor:	0.000	87 mo ult.	0.000
79	D. 40	0-140	0-1 (0)	0-1 (0)	0-170	0-175	0-1(0)	0.1 (7)			
80	Part 6	Col (1)	Col (2) Loss + ALAE	Col (3) Projected	Col (4)	Col (5) Loss + ALAE	Col (6) Projected	Col (7) Development			
81		Case Incurred		Ultimate	Case Incurred	Development	Ultimate	Adjustment			
82		Loss + ALAE	Development Factor	Loss + ALAE	Loss + ALAE	Factor	Loss + ALAE	Col (3) -			
83	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/01	@ 3/31/01	@ 3/31/01	Col (6)			
85	1998	0 3/3 1/02	0.000	0	0	0.000	<u>(az 3/3 1/0 1</u> 0	<u>COI (6)</u>			
80	1997	0	0.000	ő	0	0.000	0	Ä			
87	1996	0	0.000	ö	0	0.000	0	ő			
81 82 83 84 85 86 87	1995	0	0.000	ő	0	0.000	0	ò			
89	1550	· ·	0.000	o,	v	5.500	v	7			
89 90						Total Develop	ment Adjustment				

	Q	R	S	Ţ	U	V	W
1	Group Name:	Name		/UM Liab			Exhibit 4C
2	Group NAIC #:	#) Liab			
3	Company Name:	Name	PI			XXX	
4	Company NAIC #:	#		iys Dam			
5	Year Filed:	2002	TC	TAL			
6							
7			Part 1 - Cour			Part 2 - New	
8			Insurance Exper	nse Exhibit		Page 1	5
9	l		<u>Col (1)</u>	<u>Col (2)</u>		Col (3)	Col (4)
10		Calendar Year 2001					
11		Direct Written Premium	\$0			\$0	
12		Direct Earned Premium	0			0	
13	Item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
14	Item 4	Direct General Expense	0	0.00%		0	0.00%
15	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
16	Item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
17	Item 7	Direct Prepaid Expenses	0	0.00%		0	0.00%
18	Item 8	LAD Fees Paid	N/A	N/A		0	0.00%
19		,					
20	l		Part 1 - Cour			Part 2 - New	
21			Insurance Exper			Page 1	
22			<u>Col (1)</u>	<u>Col (2)</u>		Col (3)	Col (4)
23		Calendar Year 2000					
24	item 1	Direct Written Premium	\$0			\$0	
25	Item 2	Direct Earned Premium	0			0	
26	Item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
27	Item 4	Direct General Expense	0	0.00%		0	0.00%
28	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
29	Item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
30	Item 7	Direct Prepaid Expenses	0	0.00%		0	0.00%
31	Item 8	LAD Fees Paid	N/A	N/A		0	0.00%
32	Į.						
33			Part 1 - Cour			Part 2 - New	
34			Insurance Exper			Page 1	
35	1	0-14	<u>Col (1)</u>	<u>Col (2)</u>		Col (3)	Col (4)
36 37	104	Calendar Year 1999	••			••	
	Item 1	Direct Written Premium	\$0			\$0	
38	Item 2	Direct Earned Premium	0	0.000		0	0.000
39	item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
40	Item 4	Direct Earned Premium	0	0.00%		0	0.00%
41 42	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
42	Item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
43 44	Item 7	Direct Prepaid Expenses	.0	0.00%		0	0.00%
44	Item 8	LAD Fees Paid	N/A	N/A		0	0.00%

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1	Group Name:	Name	BI/UM Liab			Exhibit 50
	Group NAIC #:	#	PD Liab			Part 1
3	Company Name:	Name	PIP	XXX		
4	Company NAIC #:	#	Phys Dam			
5	Year Filed:	2002	TOTAL			
6						
7						
8	Part 1		1999	2000	2001	
9	Item 1	Agents Balances	0	0	0	
10	Item 2	Unearned Premium Reserve	0	0	o	
11	Item 3	Agents Balance Ratio [Item 1 / Item 2]	0.000	. 0.000	0.000	
12	Item 4	Direct Prepaid Expenses - NJ (Exhibit 4)	0	0	o	
13	Item 5	Direct Net Written Premium - NJ (Exhibit 4)	0	0	o	
14	Item 6	Prepaid Expense Ratio [Item 4 / Item 5]	0.000	0.000	0.000	
15	Item 7a	Direct Unearned Premium Reserve - Beginning (Exhibit 1)	0	. 0	0	
16	Item 7b	Direct Unearned Premium Reserve - Ending (Exhibit 1)	0	0	o	
17	Item 7	Average Unearned Premium Reserve [(Item 7a + Item 7b) / 2]	0	0	o	
18	Item 8	Investable Unearned Premium [Item 7 * (1 - Item 3 - Item 6)]	0	0	0	
19	Item 9a	Direct Unpaid Loss - Beginning (Exhibit 1)	0	0	0	
20	Item 9b	Direct Unpaid Loss - Ending (Exhibit 1)	0	0	o	
21	Item 9	Average Loss Reserve [(Item 9a + Item 9b) / 2]	0	0	0	
22	Item 10a	Direct Unpaid ALAE - Beginning (Exhibit 1)	0	0	0	
23	Item 10b	Direct Unpaid ALAE - Ending (Exhibit 1)	0	0	0	
24	Item 10	Average ALAE Reserve [(Item 10a + Item 10b) / 2]	0	0	0	
25	Item 11	ULAE Factor (Exhibit 2)	0.000	0.000	0.000	
26	Item 12	Average Loss + LAE Reserve [(Item 9 + Item 10) * Item 11]	0	0	0	
27	Item 13	Total Reserve [Item 8 + Item 12]	0	0	0	
28	Item 14	Rate of Return (Part 2C, Item 8, 3-Yr Total)	0.0%	0.0%	0.0%	
29	Item 15	Actual Investment Income Earned [Item 13 * Item 14]	0	0	0	
30						
32						
31 32 33 34						
34						
35 36 37		·				
36						
37						
38						
39						

AQ	AR I	AS	AT	AU	AV	BI/UM Liab	AX	AY
1 Group Name:	Name							Exhibit 7C
2 Group NAIC #:	#					PD Liab	VVV	Sheet 1
3 Company Name:	Name					PIP	XXX	
4 Company NAIC #:	#					Phys Dam		
5 Year Filed:	2002					TOTAL		
6								
7								
8				Calenda				
9	<u>2002</u>	<u>2001</u>	2000	<u>1999</u>	<u>1998</u>		<u>1996</u>	<u>1995</u>
10 Item 1 Excess Profit Paid	0	0	0	0	0	0	0	0
11								
12			0-1-	- d V 5	DC17	5-13		
13 Carryforward Used	2002	2004		ndar Year Ex			4000	4005
14 <u>for Accident Year</u> 15 2001	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>
	0	0	0	0	0	_	0	0
	0	0	0	0	0		0	0
	0	0 0	0	0	0		0	0
18 1998 19 1997	XXX	•	0	0	0	0	0	0
	XXX XXX	XXX XXX	XXX	0	0	•	0	0
		XXX		_	0	0	0	0
	XXX	XXX	XXX	XXX	0	0	0	0
Marian and the second s	XXX		XXX	XXX	XXX	•	0	0
	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	Ψ,
25 1991	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
26 1990	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
28 1988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29 1987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30 1986	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31 1985	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32 1984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<u>33</u> 1983	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34								
35 Item 2 Total Carryforward Used	I 0	0	0	0	. 0	0	0	0
36	_	_	_	_	_	_	_	_
37 Item 3 Carryforward Unused	0	0	0	0	0	0	0	0

	AZ I	BA	ВВ	ВС	BD I	BE	BF I	BG	вн Т	ВІ
1	<u> </u>	DA 1	<u> </u>	<u> </u>	<u> </u>	DE 1		BI/UM Liab	Bri I	Exhibit 7C
2								PD Liab		Sheet 2
3								PIP	XXX	0.100(2
4								Phys Dam		
5								TOTAL		
6							-			1
7										l
8				Ca	lendar Year					1
9	1994	1993	1992	1991	1990	1989	1988	1987	1986	Total
10	0	0	0	. 0	0	0	0	0	0	0
11										
12								***************************************		
13					ear Excess Pr					
14	<u>1994</u>	<u>1993</u>	<u>1992</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>	<u>1988</u>	<u>1987</u>	<u>1986</u>	Total
15	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	이
19	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0
23	0 0	0	0	0	0	0	0	0	0	0
24 25	0	0	0	0	0	0	0	0	0	ol
	•	0	0	0	0	0	0	0	0	ol
26 27	XXX XXX	XXX	0	0	0	0	0	0	0	0
28	XXX	XXX	XXX	0	. 0	0	0	0	0	0
29	XXX	XXX	XXX	XXX	0	0	0	0	0	o
30	XXX	XXX	XXX	XXX	XXX	0	0	0	0	ol
31	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	ol
32	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	0	ol
33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	0	ŏ
34	7001	,,,,,						7001		
35	0	0	0	0	0	0	0	0	0	ol
36	·	•	•		•		•	•	-	1
37	0	0	0	0	0	0	0	0	0	o

	0	P	Q		R		S		T
1	Group Name:	Name			/UM Liab				Exhibit 8C
2	Group NAIC #:	#) Liab				
3	Company Name:	Name		PI	Р		XXX		
4	Company NAIC #:	#		Ph	ys Dam				
5	Year Filed:	2002		TC	TAL				
6									
7			1999		2000		2001		Total
8	Item 1	Direct Calendar Year Written Premium [Exhibit 1C, Col (1), Item 4]		0		0		0	0
9	Item 2	Direct Calendar Year Earned Premium [Exhibit 1C, Col (2), Item 4]		0		0		0	0
10	Item 3	Dividends excluding Refund of Excess Profit [Exhibit 1C, Col (3), Item 5b]		0		0		0	0
11	Item 4	Net AIRE [Exhibit 6, Part 7, Col (3)]	XXX		XXX		XXX		XXX
12	Item 5	Direct Calendar Year Net Earned Premium [Item 2 - Item 3 + Item 4]		0		0		0	0
12 13									
14	Item 6	Direct Accident Year Ultimate Loss & ALAE [Exhibit 3C, Part 3, Col (3)]		0		0		0	0
15 16 17	Item 7	ULAE Ratio [Exhibit 2C, Part 3, Col (23)]	0.	000	0.	000	0	.000	0.000
16	Item 8	Direct Accident Year Ultimate Loss & LAE [Item 6 * Item 7]		0		0		0	0
17	Item 9	Direct Accident Year Ultimate Loss & LAE Ratio [Item 8 / Item 5]	0.	000	0.	000	0	.000	0.000
18		·							
	Item 10	Direct Commission & Brokerage [Exhibit 4C, Col (3), Item 5]		0		0		0	0
20	Item 11	Direct Other Acquisition Expense [Exhibit 4C, Col (3), Item 3]		0		0		0	0
21	Item 12	Direct General Expense [Exhibit 4C, Col (3), Item 4]		0		0		0	0
22	Item 13	Direct Taxes, Licenses & Fees [Exhibit 4C, Col (3), Item 6]		0		0		0	0
23	Item 14a	LAD Fees Paid [Exhibit 4C, Col (3), Item 8]		0		0		0	0
24	Item 14b	Percentage Reflected in Excess Profit Report		0%		0%		0%	
25	Item 14	Item 14a * Item 14b		0		0		0	0
26	Item 15	Total Expenses [Sum (Item 10 - Item 14)]		0		0		0	0
27									
28	Item 16	Underwriting Income [Item 5 - Item 8 - Item 15]		0		0		0	0
29	Item 17	Allowance for Profit & Contin. [Item 2 * Clifford Formula 5.38% Pre-Tax]		0		0		0	0
30	Item 18	Investment Income Earned [Exhibit 5C, Part 1, Item 15]		0		0		0	0
31	Item 19	Actuarial Gain [Item 16 - Item 17 + Item 18]		0		0		0	0
32									
33	Item 20	Total Development Adjustment [Exhibit 3C, Part 6, Col (7)]							. 0
34	Item 21	Total Actuarial Gain (Item 19 - Item 20)							0
35		,							
19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	Item 22	Additional Non-Excessive Profit Allowance [Item 2 * 3.85% Pre-Tax]							0
37	Item 23	Holding Company Non-Excessive Subsidization [Item 2 * 0.5%]							0
38	Item 24	Gross Excess Profit / (Loss) [Item 21 - Item 22 - Item 23]							0
37 38 39 40		, ,.							
40	Item 25	Carryforward of a Prior Refund of Excess Profit (Exhibit 7C, Item 2)		0		0		0	0
41									
42	Item 26	Net Excess Profit / (Loss) [Item 24 - Item 25]							0

	AN	AO	I AP	AQ	AR	T AS	F	AT		AU		AV		AW		AX		AY	\neg
1	Group Name:		Name				В	I/UM Liab										Input S	heet
2	Group NAIC #	t:	#				F	D Liab										Secti	on D
	Company Nar		Name				Ē	IP											
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5	Year Filed:		2002					OTAL											- 1
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	Exhibit 1										lendar Yo								
			- NJ Page 15, L		20	01	2000		1999	1	998		1997		1996		1995		1994
			(Items 3a-3f) on	ly if the data is included in Item	1.														
	Direct Writte																		
12	Col (1)	Item 1	Total			0	0		0		0		0		0		0		0
13	Col (1)	Item 2	UCJF Assessr	ments	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
14	Col (1)	Item 3a	Motorcycles			0	0		0		0		0		0		0		0
15	Col (1)	Item 3b	Off-Road Vehi	cles		0	0		0		0		0		0		0		0
16	Col (1)	item 3c	Motor Homes			0	0		0		0		0		0		0		이
13 14 15 16 17 18 19 20	Col (1)	Item 3d	Antique Auto			0	0		0		0		0		0		0		0
18	Col (1)	Item 3e	Excess Liabilit			0	0		0		0		0		0		0		0
19	Col (1)	Item 3f	Finance & Ser	vice Charges ,		0	0		0		0		0		0		0		0
	Direct Earner						_		_		_		_		_		_		
22	Col (2)	Item 1	Total			0	0		0		0		0		0		0		이
22 23 24 25 26 27 28 29 30	Col (2)	Item 2	UCJF Assessr	ments	XXX	XXX		XXX	_	XXX	_	XXX	_	XXX	_	XXX	_	XXX	
24	Col (2)	Item 3a	Motorcycles			0	0		0		0		0		0		0		0
25	Col (2)	Item 3b	Off-Road Vehi	cies		0	0		0		0		0		0		0		0
26	Col (2)	Item 3c	Motor Homes			0	0		0		0		0		0		0		0
27	Col (2)	Item 3d	Antique Auto			•	0		0		0		0		0		0		0
28	Col (2)	Item 3e	Excess Liabilit			0	0		0		0		0		0		0		0
29	Col (2)	ttem 3f	Finance & Ser	vice Charges		U	U		U		U		U		U		U		ď
30	Dald Dhildan	de final Europ	s Profit Refund	1-1															- 1
	Col (3A)	item 1	Total	2 1		0	0		0		0		0		0		0		٥
32 33 34 35 36 37	Col (3A)	item 3a	Motorcycles			0	0		0		0		0		0		0		0
33	Col (3A)	Item 3b	Off-Road Vehi	clac		0	Ô		0		0		0		Ô		Ö		ŏ
35	Col (3A)	Item 3c	Motor Homes	Ges		0	ñ		n		0		0		Ô		0		ŏ
35	Col (3A)	Item 3d	Antique Auto			0	Ô		ŏ		0		ō		Ö		Ö		ő
37	Col (3A)	Item 3e	Excess Liabilit	v		Ŏ	Ö		Ö		Ö		0		Ö		õ		ő
38	00. (0.1)	110111 00	EXCOSO EIGDIN	,		·	•		•		•		•		·		•		ĭ
39	Declared, but	Unpaid Divid	ends (incl. Exce	ess Profit Refunds)															
40	Col (3B)	Item 1	Total	-		0	0		0		0		0		0		0		o
41	Col (3B)	Item 3a	Motorcycles			0	0		0		0		0		0		Ō		0
42	Col (3B)	Item 3b	Off-Road Vehi	cles		0	0		0		0		0		0		0		0
43	Col (3B)	item 3c	Motor Homes			0	0		0		0		0		0		0		0
44	Col (3B)	item 3d	Antique Auto			0	0		0		0		0		0		0		0
45	Col (3B)	Item 3e	Excess Liabilit	у		0	0		0		0		0		0		0		0
41 42 43 44 45 46	. ,			-															.]
47	Direct Unean	ned Premium i	Reserves																- 1
	Col (4)	Item 1	Total			0	0		0		0		0		0		0		0
48 49 50 51 52 53	Col (4)	Item 3a	Motorcycles			0	0		0		0		0		0		0		0
50	Col (4)	Item 3b	Off-Road Vehic	cles		0	0		0		0		0		0		0		0
51	Col (4)	Item 3c	Motor Homes			0	0		0		0		0		0		0		o
52	Col (4)	Item 3d	Antique Auto			0	0		0		0		0		0		0		0
53	Col (4)	item 3e	Excess Liabilit	у		0	0		0		0		0		0		0		0
54																			

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T31	Company Na	me:	Name					PI												
	Company NA	IC#:	#						rys Dam		XXX	_								
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8 7																				

	Direct Paid L					_		_		_		_				_		_		_
56	Col (5)	Item 1	Total			0	voor	0		0		0		0	NAME OF THE PERSON OF THE PERS	0	1004	0	VVV	0
57	Col (5)	Item 2	Excess Medical Benefits		XXX	•	XXX	^	XXX		XXX	•	XXX		XXX	•	XXX	•	XXX	_
58	Col (5)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
129	Col (5)	Item 3b	Off-Road Vehicles Motor Homes			0		0		0		0		0		0		0		0
60	Col (5) Col (5)	item 3c item 3d	Antique Auto			0		0		0		0		0		0		0		0
믦	Col (5)	item 3e	Excess Liability			0		0		0		0		Ö		Ö		ő		n
63	- COI (U)	Acin Je	Excess Figurity			٠		•		•		•		•		•		•		,
56 57 58 59 60 61 62 63	Direct incurr	ed Loss (Case	+ Bulk/IBNR)																	
	Col (6)	Item 1	Total			0		0		0		0		0		0		0		0
65 66 67 68 69	Col (6)	Item 2	Excess Medical Benefits		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
67	Col (6)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
68	Col (6)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
69	Col (6)	item 3c	Motor Homes			0		0		0		0		0		0		0		0
70	Col (6)	item 3d	Antique Auto			0		0		0		0		0		0		0		0
70 71 72	Col (6)	item 3e	Excess Liability			0		0		0		0		0		0		0		0
72																				
73 74		d Loss (Case				0		0		0		0		0		0		0		_
14	Col (7)	Item 1	Total Excess Medical Benefits		XXX	0	xxx	0	XXX	0	xxx	0	ххх	0	xxx	0	ххх	0	xxx	0
띭	Col (7) Col (7)	Item 2 Item 3a	Motorcycles		~~	0	***	0	***	0	^~~	0	***	0	***	0	***	0	~~~	^
屵爿	Col (7)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
1#	Col (7)	item 3c	Motor Homes			0		0		0		0		0		Ö		0		ő
79	Col (7)	Item 3d	Antique Auto			Ö		Ö		Ö		Ö		ő		ŏ		o		n
80	Col (7)	Item 3e	Excess Liability			ŏ		ō		ŏ		ō		ŏ		ō		ō		ō
75 76 77 78 79 80 81	,																			
82			t Containment (ALAE)																	
83	Col (8)	Item 1	Total			0		0		0		0		0		0		0		0
84	Col (8)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
85	Col (8)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
86	Col (8)	Item 3c	Motor Homes			0		0		0		0		0		0		0		0
87	Col (8)	Item 3d	Antique Auto			0		0		0		0		0		0		0		0
84 85 86 87 88 89	Col (8)	Item 3e	Excess Liability			0		0		0		0		0		0		0		0
	Direct Inc.	ed Al AE (Coo	e + Bulk/IBNR)																	
	Col (9)	Item 1	Total			0		0		0		0		0		0		0		n
쁡	Col (9)	Item 3a	Motorcycles			ő		0		ō		Ö		Ö		Ö		ő		ő
93	Col (9)	item 3b	Off-Road Vehicles			Ö		ŏ		Ö		Ö		Ö		ŏ		ō		. 0
94	Col (9)	Item 3c	Motor Homes			Ö		Ö		ō		Ö		ŏ		ő		ŏ		ő
95	Col (9)	Item 3d	Antique Auto			ŏ		ŏ		Ö		ō		ŏ		ŏ		ō		ō
91 92 93 94 95 96 97	Col (9)	Item 3e	Excess Liability			Ō		ō		Ō		ō		Ō		0		0		0
97	• •		•																	
98		d ALAE (Case																		
99	Col (10)	Item 1	Total			0		0		0		0		0		0		0		0
100	Col (10)	Item 3a	Motorcycles			0		0		0		0		0		0		0		0
100 101 102	Col (10)	Item 3b	Off-Road Vehicles			0		0		0		0		0		0		0		0
102	Col (10)	Item 3c	Motor Homes			0		0		0		0		0		0		0		0
103 104	Col (10)	Item 3d	Antique Auto			0		0		0		0		0		0		0		0
104	Col (10)	Item 3e	Excess Liability			0		<u> </u>		0		0		0		0		0		0
105 106																				
100																				

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2 Grou	up NAIC #:	1	#					D Liab										Section
3 Comp	pany Nam	1e:	Name				PI											
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5 Year	r Filed:		2002				TO	OTAL										
6																		
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107 Exhil	ibit 2 - Par	r <u>t 1</u>																
	cation of I	Page 15 data	from Exh 1) by	Accident Year							r Year P							
109					2001		2000		1999	1	998	1	997	1	996		1995	199
	emental D	irect Paid Los	S															
	Col (1)	AY 2001, Paid	in the CY		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
112 C	Col (1)	AY 2000, Paid	I in the CY		0		0	XXX		XXX		XXX		XXX		XXX		XXX
113 C	Col (1)	AY 1999, Paid	I in the CY		0		0		0	XXX		XXX		XXX		XXX		XXX
114 C	Col (1)	AY 1998, Paid	I in the CY		0		0		0		0	XXX		XXX		XXX		XXX
	Col (1)	AY 1997, Paid	in the CY		0		0		0		0		0	XXX		XXX		XXX
116 C	Col (1)	AY 1996, Paid	I in the CY		0		0		0		0		0		0	XXX		XXX
117 C	Col (1)	AY 1995, Paid	in the CY		0		0		0		0		0		0		0	XXX
118 C 119 C 120 121	Col (1)	AY 1994, Paid	I in the CY	•	0		0		0		0		0		0		0	
119 C	Col (1)	AY 1993 & pri	or, Paid in the C	<u> </u>	<u>0</u>		0		<u>o</u>		<u>o</u>		<u>o</u>		0		<u>o</u>	
120		Total			0		0		0		0		0		0		0	
121		Exhibit 1, Col	(5)		0		0		0		0		0		0		0	
122																		
	ct Unpaid	Case Loss																
124 C			aid at the end o		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
125 C	OI (3A)	AY 2000, Unp	aid at the end o	fCY	0		0	XXX		XXX		XXX		XXX		XXX		XXX
126 Cd	col (3A)	AY 1999, Unp	aid at the end o	fCY	0		0		0	XXX		XXX		XXX		XXX		XXX
127 C	ol (3A)	AY 1998, Unp	aid at the end o	fCY	0		0		0		0	XXX		XXX		XXX		XXX
124 Cd 125 Cd 126 Cd 127 Cd 128 Cd 129 Cd 130 Cd 131 Cd 132 Cd	oi (3A)	AY 1997, Unp	aid at the end o	fCY	0		0		0		0		0	XXX		XXX		XXX
129 Cd	OI (3A)	AY 1996, Unp	aid at the end o	fCY	0		0		0		0		0		0	XXX		XXX
130 C	col (3A)	AY 1995, Unp	aid at the end o	fCY	0		0		0		0		0		0		0	XXX
131 C	OI (3A)	AY 1994, Unp	aid at the end o	fCY	0		0		0		0		0		0		0	
132 C	Ol (3A)	AY 1993 & pri	or, Unpaid at th	e end of CY	<u>0</u>		0		<u>o</u>		<u>o</u>		<u>0</u>		<u>o</u>		<u>o</u>	
133		Total			0		0		0		0		0		0		0	
134																		
135 Direc		Bulk/IBNR Lo																
			aid at the end o		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
137 C			aid at the end o		0		0	XXX		XXX		XXX		XXX		XXX		XXX
138 C			aid at the end o		0		0		0	XXX		XXX		XXX		XXX		XXX
139 C	ol (3B)	AY 1998, Unp	aid at the end o	fCY	0		0		0		0	XXX		XXX		XXX		XXX
140 C			aid at the end o		0		0		0		0		0	XXX		XXX		XXX
141 C	OI (3B)	AY 1996, Unp	aid at the end o	fCY	0		0		0		0		0		0	XXX		XXX
142 C	Col (3B)	AY 1995, Unp	aid at the end o	fCY	0		0		0		0		0		0		0	XXX
143 C			aid at the end o		0		0		0		0		0		0		0	
144 C	Col (3B)	AY 1993 & pr	or, Unpaid at th	e end of CY	<u>0</u>		<u>0</u>		<u>o</u>		<u>0</u>		<u>o</u>		0		<u>o</u>	
138 Cd 139 Cd 140 Cd 141 Cd 142 Cd 143 Cd 144 Cd 145 146 147 148		Total			0		0		0		0		0		0		0	
146																		
147		Total Col (3A)	+ Col (3B)		0		0		0		0		0		0		0	
148		Exhibit 1, Col	(7)		0		0		0		0		0		0		0	
149																		

Group NAC #: # # PD Lish	_	I AN	I AO	AP	AQ I	AR	AS	—т	AT		AU		AV		AW		AX		AY
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3 Company Name: Name PIP Phy Dam XXX								7	PD Liab										Section D
A Company NAIC #: # Phys Dam XXX TOTAL TOTAL				Name				1	PIP										
150				#				3	Phys Dam		XXX								
Tool				2002				3	TOTAL										
Incremental Direct Paid ALAE Cot (5) AY 2001, Paid in the CY	6	}						_											
Sol Col (6)	7																		
SEC Col (5) AY 2000, Paid in the CY																			
183 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	151	Col (5)				0	XXX												XXX
183 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	152	Col (5)						-	XXX										XXX
183 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	153	Col (5)				0		-		-	XXX								XXX
183 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	154	Col (5)				0		-		-		_	XXX	_					XXX
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	155	Col (5)				0		0		•					XXX	_			XXX
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	156	Col (5)				0		0		•		-		-			XXX	•	XXX XXX
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	157	Col (5)				0		0		•		-							· · · · · ·
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	158	Col (5)			~	0		0		-		•		•		-			
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	159	CG (5)		ui, raiu iii uie C	<u></u>	ō													Č
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	160	1		(8)		•		-		•						-		-	,
163 Direct Unpaid Case ALAE Col (7A) AY 2001, Unpaid at the end of CY	162	1	Exhibit 1, Cor	(0)		·		·		·		·		·		•		·	•
184			d Case ALAE																
165				aid at the end of	CY	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
158	165	Col (7A)				0		0											XXX
197 Col (7A) AY 1998, Unpaid at the end of CY O O O O O XXX	166	Col (7A)	AY 1999, Unp	aid at the end of	FCY	0		0		0	XXX		XXX		XXX		XXX		XXX
198	167	Col (7A)	AY 1998, Unp	aid at the end of	FCY	0		0		0		0	XXX		XXX		XXX		XXX
174	168	Col (7A)	AY 1997, Unp	aid at the end of	FCY	0		0		0		0		0	XXX		XXX		XXX
174	169	Col (7A)	AY 1996, Unp	aid at the end of	CY	0		0		0		0		0		0	XXX		XXX
174	170	Col (7A)				•		•		•		•		-		-		-	XXX
174	171	Col (7A)				•		•		•		-		-		-			C
174	172	Col (7A)		or, Unpaid at the	e end of CY													Ō	<u>Q</u>
175 Direct Unpaid Bulk/IBNR ALAE 176 Col (7B) AY 2001, Unpaid at the end of CY 0 XXX	173	l	Total			0		0		0		0		0		0		0	C
176 Col (7B) AY 2001, Unpaid at the end of CY 0 XXX			4 D12-11DAID AI																
[180] Col (7B) AY 1997, Unpaid at the end of CY 0 0 0 0 XXX XXX	175	Col (7P)			CV	0	~~~		vvv		vvv		vvv		vvv		~~~		XXX
[180] Col (7B) AY 1997, Unpaid at the end of CY 0 0 0 0 XXX XXX	176	Col (78)				•	~~~												XXX
[180] Col (7B) AY 1997, Unpaid at the end of CY 0 0 0 0 XXX XXX	170	Col (78)				•			~~~	0									XXX
[180] Col (7B) AY 1997, Unpaid at the end of CY 0 0 0 0 XXX XXX	179	Col (7B)				•		-			,,,,	0							XXX
181 Col (7B) AY 1996, Ungaid at the end of CY 0 0 0 0 0 0 XXX	180	Col (7B)				0		ŏ		-				0					XXX
	181	Col (7B)				ō		ő		ō				-	,	0	XXX		XXX
182 Col (7B) AY 1995, Unpaid at the end of CY 0 0 0 0 0 0 0	182	Col (7B)				0		0		0		0		0		0		0	XXX
183 Col (7B) AY 1994, Unpaid at the end of CY 0 0 0 0 0 0 0	183	Col (7B)	AY 1994, Unp	aid at the end of	CY	0		0		0		0		0		0		0	C
184 Col (78) AY 1993 & prior, Unpaid at the end of CY 0 0 0 0 0	184	Col (7B)	AY 1993 & prie	or, Unpaid at the	end of CY	<u>0</u>		0		<u>o</u>		<u>o</u>		<u>o</u>		<u>o</u>		<u>o</u>	<u>Q</u>
185 Total 0 0 0 0 0 0 0	185	l	Total			0		0		0		0		0		0		0	C
186	186	I																	
187 Total Col (7A) + Col (7B) 0 0 0 0 0 0	187	l						-											, c
188 Exhibit 1, Col (10) 0 0 0 0 0 0	188		Exhibit 1, Col	(10)		0		0				0		0		0		_0_	
183 Col (7B) AY 1994, Unpaid at the end of CY 0	189																		
8 1908	190	L																	

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1	Group Name:		Name				В	/UM Liab										Input :	Sheet
2	Group NAIC		#					D Liab	***************************************										ion D
3	Company Na	me:	Name				P	P											ı
4	Company NA	IC #:	#				P	hys Dam		XXX									
5	Year Filed:		2002				T	OTAL											- 1
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233		Direct Paid AL			_														
234	Col (14)	AY 2002, Pai			0	XXX	0	XXX		XXX		XXX		XXX		XXX		XXX	
235	Col (14)	AY 2001, Pai AY 2000, Pai			0		0	XXX	0	XXX		XXX		XXX		XXX		XXX	
236	Col (14) Col (14)	AY 1999, Pai			0		0		0	***	0	XXX		XXX		XXX		XXX	l
23/	Col (14)	AY 1998, Pai			0		0		0		0	~~	0	XXX		XXX		XXX	1
230	Col (14)	AY 1997, Pai			0		0		0		o		0	~~~	0	XXX		XXX	1
240	Col (14)	AY 1996, Pai			0		0		Ô		Ö		ō		0	~~	0	XXX	- 1
241	Col (14)	AY 1995, Pai			0		ñ		Ô		Ö		0		Ö		Ö	,,,,	اه
242	Col (14)	AY 1994, Pai			ō		ō		Õ		ō		ō		Ö		o		ŏ
243	Col (14)		rior, Paid in the C	co	0		0		0		<u>0</u>		<u>o</u>		<u>o</u>		ō		Q
234 235 236 237 238 239 240 241 242 243 244 245	. ,	Total			ō		ō		ō		ō		ō		ō		ō		ō
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246		d Case ALAE																	
247	Col (16A)		paid at the end o		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	- 1
248	Col (16A)		paid at the end o		0		0	XXX		XXX		XXX		XXX		XXX		XXX	1
249 250	Col (16A)		paid at the end o		0		0		0	XXX		XXX		XXX		XXX		XXX	
250	Col (16A)		paid at the end o		0		0		0		0	XXX	_	XXX		XXX		XXX	
251	Col (16A)		paid at the end o		0		0		0		0		0	XXX	_	XXX		XXX	- 1
252 253 254 255 256 257	Col (16A)		paid at the end o		0		0		0		0		0		0	XXX	_	XXX	- 1
253	Col (16A)		paid at the end o		0		0		0		0		0		0		0	XXX	اہ
254	Col (16A) Col (16A)		paid at the end o		0		0		0		0		0		0		0		0
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250	COI (10A)	Total	ioi, Olipaiu ai ili	e end or CQ	<u>o</u>		0		Ö		0		<u>0</u>		<u>0</u>		<u>0</u> 0		씱
258		lotai			v		·		U		·		U		U		·		٩
259	Direct Unpai	d Bulk/IBNR A	LAE																- 1
260	Col (16B)		paid at the end o	fCQ	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
261	Col (16B)		paid at the end o		0		0	XXX		XXX		XXX		XXX		XXX		XXX	- 1
262	Col (16B)	AY 2000, Un	paid at the end o	fCQ	0		0		0	XXX		XXX		XXX		XXX		XXX	ı
263	Col (16B)	AY 1999, Un	paid at the end o	fCQ	0		0		0		0	XXX		XXX		XXX		XXX	- 1
262 263 264	Col (16B)	AY 1998, Un	paid at the end o	fCQ	0		0		0		0		0	XXX		XXX		XXX	
265 266	Col (16B)		paid at the end o		0		0		0		0		0		0	XXX		XXX	l
266	Col (16B)		paid at the end o		0		0		0		0		0		0		0	XXX	ı
267	Col (16B)		paid at the end o		0		0		0		0		0		0		0		0
268	Col (16B)		paid at the end o		0		0		0		0		0		0		0		0
269	Col (16B)	AY 1993 & pr Total	rior, Unpaid at th	e end of CQ	<u>o</u>		<u>0</u>		0		0		<u>0</u>		0		0		9
267 268 269 270 271 272		ıotai			0		U		U		U				<u> </u>				
272																			Į
273	Exhibit 2 - Pa	ert 3			***************************************														\dashv
274			rance Expense	Exhibit (IEE),						Ca	lendar Y	ear							
275		t 3, Line 21.1	·	• "	2001		2000	1	999		998		997		1996		1995		1994
276	Col (19)	Direct Incurre			0		0	_	0	_	0	_	0	XXX		XXX		XXX	
277	Col (20)		ed ALAE - CW		0		0		0		0		0	XXX		XXX		XXX	
278	Col (22)	Direct Incurre	d ULAE - CW		0		0		0		0		0	XXX		XXX		XXX	
279 280																			
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282 283																			
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1	Group Name:		Name				BI/UM Liab					Input Sheet
	Group NAIC #:		#				PD Liab					Section D
	Company Name	a·	" Name				PIP					CCCCOTT
	Company NAIC		#				Phys Dam	XXX				
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6	100.		2002						_			
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284	Exhibit 4							Caler	ndar Year			
	Source: Count	rvwide Insur	ance Expense I	Exhibit (IEE).	2001	2000	1999	199		1996	1995	1994
286		3, Line 21,1			- Charles Courts	-		- delicate		-		
287	Col (1)	Item 1	Direct Written	Premium - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
288		Item 2	Direct Earned	Premium - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
289	Col (1)	Item 3	Direct Other A	cquisition Expense - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
290	Col (1)	Item 4	Direct General	Expense - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
291	Col (1)	Item 5	Direct Commis	ssion & Brokerage - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
289 290 291 292	Col (1)	Item 6	Direct Taxes, I	Licenses & Fees - CW	0	0	0	XXX	XXX	XXX	XXX	XXX
293												
294	Source: Annua	I Statement	Page 15 for N.	J, Line 21.1								
295	Col (3)	Item 5	Direct Commis	ssion & Brokerage - NJ	0	0	0	XXX	XXX	XXX	XXX	XXX
296 297	Col (3)	item 6		Licenses & Fees - NJ	0	0		XXX	XXX	XXX	XXX	XXX
297	Col (3)	Item 8	LAD Fees Paid	d - NJ	0	0	0	XXX	XXX	XXX	XXX	XXX
298 299												
	Exhibit 5								nase Year			
	Not Applicable				<u>2001</u>	2000	1999	<u>199</u>	<u>1997</u>	1996	1995	1994
302	D-44		A Dalass		xxx	xxx	VVV	VVV	VVV	VVV	VVV	VVV
303	Part 1 Part 1	item 1 Item 2	Agents Balanc	es mium Reserve	XXX	XXX	XXX XXX	XXX XXX	XXX XXX	XXX	XXX XXX	XXX
304	Pail i	item 2	Ulleanieu Frei	mium Reserve	~~	~~	~~	~~	***	~~~	***	~~~
305	Part 2A	Item 1	Interset Divide	end & Real Estate Income	xxx	xxx	xxx	XXX	XXX	xxx	xxx	XXX
300	Part 2A	Item 2.1		pense Incurred	xxx	xxx	XXX	XXX	XXX	XXX	XXX	XXX
307	Part 2A	Item 2.2	Depreciation o		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
300	Part 2A	Item 2.3	Unaffiliated Pr		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
310	Part 2A	Item 2.4	Affiliated Prefe		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
311	Part 2A	Item 2.5	Unaffiliated Co		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
312	Part 2A	Item 2.6	Affiliated Com		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
313	Part 2A	Item 2.7	Other invested		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
314	Part 2A	Item 2.8	•	r Co's Own Occupancy	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
303 304 305 306 307 308 310 311 312 313 314 315 316 317 318 319 320												
316	Part 2B	Item 4.1	Bonds Acquire	ed	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
317	Part 2B	Item 4.2	Mortgage Loar	ns on Real Estate	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
318	Part 2B	Item 4.3	Real Estate Ad	cquired	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
319	Part 2B	Item 4.4	Collateral Loan	ns	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
320	Part 2B	item 4.5	Cash on Hand	and on Deposit	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
321	Part 2B	Item 4.6	Short-Term Inv	vestments	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
322	Part 2B	Item 4.7	Derivative Inst	truments	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
323												
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	Group Name:		Name				BI/UM Liab					Input Shee	
	Group NAIC		#				PD Liab					Section D	
	Company Na		Name				PIP						
	Company NA	IC #:	#				Phys Dam	XXX					
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325	Exhibit 6			50 Control of the Con									
326	Not Applicat	le			Calendar Year ending 3/31								
327					2002 (Estimated)	200	1 2000	1999	1998	1997	1996	1995	
328			tion Received										
329	Part 1		Received through		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
329 330 331 332 334 335 336 337	Part 1	AY 2000,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
331	Part 1		Received through		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
332	Part 1	AY 1998,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
333	Part 1	AY 1997,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
334	Part 1	AY 1996,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
335	Part 1	AY 1995,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
336	Part 1	AY 1994,	Received through	CY ·	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
337	1												
	Cumulative /		ment Income Rec										
339 340 341 342 343 344 345 346 347 348	Part 1		Received through		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
340	Part 1	AY 2000,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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342	Part 1	AY 1998,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
343	Part 1	AY 1997,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
344	Part 1		Received through		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
345	Part 1		Received through		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
346	Part 1	AY 1994,	Received through	CY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
347	i												
349	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
350	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
351	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
352	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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354	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
355	Part 3		Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
356	Part 3	AY 1994,	Paid through CY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
349 350 351 352 353 354 355 356 357	1												
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1 Group Nam	e:	Name				BI/UM Liab						Input Sheet
2 Group NAIC		#				PD Liab						Section D
3 Company N		Name				PIP						
4 Company N	IAIC #:	#				Phys Dam	XXX					
5 Year Filed:		2002				TOTAL						
6 7												
359 Exhibit 7												
	Exhibit 7 is for	New Jersey bu		00 000	1 200	n 100		ear Excess Profit		1000	1005	1994
361	St Datum Dald		20	<u>02</u> <u>200</u>	1 200	<u>0 191</u>	19 -	1998	1997	<u>1996</u>	<u>1995</u>	1984
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365 Carryforwa	rd Head											
366	Item 2.1	in AY 2001		0	0	0	0	0	0	0	0	0
366 367 368 369 370 371 372 373 374 375 376 377 377 378	Item 2.2	in AY 2000				0	0	0	ő	0	0	0
368	Item 2.3	in AY 1999				0	0	Ö	Ö	ō	0	0
369	Item 2.4	in AY 1998	XXX	-	-	o o	0	Ö	ŏ	0	ō	0
370	Item 2.5	in AY 1997	XXX	XXX		0	0	Ō	ō	ō	ō	0
371	Item 2.6	in AY 1996	XXX	XXX	XXX		0	0	0	0	0	0
372	Item 2.7	in AY 1995	XXX	XXX	XXX	XXX		0	0	0	0	0
373	Item 2.8	in AY 1994	xxx	XXX	XXX	XXX	XXX		0	0	0	0
374	Item 2.9	in AY 1993	xxx	XXX	XXX	XXX	XXX	XXX		0	0	0
375	Item 2.10	in AY 1992	xxx	XXX	XXX	XXX	XXX	XXX		XXX	0	0
376	Item 2.11	in AY 1991	XXX	XXX	XXX	XXX	XXX	XXX	(XXX	XXX	0
377												
378								ear Excess Profit				
379				199	<u>199</u>	2 199	21 :	1990	1989	1988	1987	1986
	ofit Refund Paid				_	_	_	_		_	_	_
381	Item 1				0	0	0	0	0	0	0	0
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383 Carryforwa	Item 2.1	in AY 2001			0	0	0	0	0	0	0	
384	Item 2.1	in AY 2001				-	0	0	0	0	0	0
385	Item 2.3	in AY 1999			-	0	0	0	0	0	0	0
380	Item 2.4	in AY 1998			•	0	0	0	n	0	0	0
388	Item 2.5	in AY 1997			•	0	0	0	0	0	0	n
389	Item 2.6	in AY 1996			-	0	0	Ö	Ö	ő	ő	ŏ
390	Item 2.7	in AY 1995			0	Ō	0	Ö	Ö	0	ō	ō
391	Item 2.8	in AY 1994			0	0	0	0	0	0	0	0
392	item 2.9	in AY 1993			0	0	0	0	0	0	0	0
393	Item 2.10	in AY 1992			0	0	0	0	0	0	0	. 0
394	Item 2.11	in AY 1991			0	0	0	0	0	0	0	0
395	Item 2.12	in AY 1990				0	0	0	0	0	0	0
396	Item 2.13	in AY 1989		XXX		0	0	0	0	0	0	0
397	Item 2.14	in AY 1988		XXX	XXX		0	0	0	0	0	0
398	Item 2.15	in AY 1987		XXX	XXX	XXX		0	0	0	0	0
399	Item 2.16	in AY 1986		XXX	XXX	XXX	XXX		0	0	0	0
400	Item 2.17	in AY 1985		XXX	XXX	XXX	XXX	XXX		0	0	0
384 385 387 388 389 390 390 391 393 395 396 397 398 399 400 401 401	Item 2.18	in AY 1984		XXX	XXX	XXX	XXX	XXX		XXX	0	0
402	Item 2.19	in AY 1983		XXX	XXX	XXX	XXX	XXX	<u> </u>	XXX	XXX	0
403												
404												
405 Exhibit 8			O	N								
406	Item 23	notaing Comp	pany System (Y or N)	N								

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1	Group Nai		Name				BI/UM Liab	AIV	AU	I AF	Exhibit 1D
	Group NA		#				PD Liab				Sheet 1
	Company		Name				PIP	··········			Onco: 1
	Company		#				Phys Dam	XXX			
	Year Filed		2002				TOTAL				
6	10011100	•	2002			-					
	Calendar '	Year 2001		Col	(1)	Col (2)	Col (3)	Col (4)	Col (5	i) Col (6)	Col (7)
					rect	Direct	Dividends	Direct	Direc		Direct
9				Writ	tten	Earned	on Direct	Unearned	Paid	d Incurred	Unpaid
9 10				Prem	<u>ium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	s Losses	Losses
	Item 1	Source: Pag	je 15		0	0	0	0		0 0	0
12	Item 2	UCJF Asses	sments & Excess Medical Benefits	XXX		XXX	XXX	XXX	XXX	XXX	XXX
13	Item 3	Total Exclus	ions		0	0	0	0	(0 0	0
14	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)		0	0	0	0	(0 0	0
15			,								
	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX	XXX
17	Item 5b	All Other Div	vidends, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX	XXX
18											
18 19 20 21 22 23											
20						Col (8)	Col (9)	Col (10)			
21						Direct	Direct	Direct			
22						Paid	Incurred	Unpaid			
		_				ALAE	ALAE	<u>ALAE</u>			
	Item 1	Source: Pag				0	0	0			
	Item 3	Total Exclus				<u>o</u>	<u>0</u>	<u>0</u>			
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27											
28				···							

30 Gr 31 Co	AH roup Nan roup NAI ompany I ompany I ear Filed:	C #: Name:	AJ Name # Name	AK		AL E	AM BI/UM Liab	AN	AO	AP	AQ
30 Gr 31 Co 32 Co 33 Ye	roup NAI ompany I ompany I	C #: Name:	#								Exhibit 1D
31 Co 32 Co 33 Ye	ompany i ompany i	Name:					PD Liab				Sheet 2
32 Cc 33 Ye	ompany t					_	PIP				Officet 2
33 Ye			#				Phys Dam	XXX			
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	alendar Y	'ear 2000		Col	1 (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
36					rect	Direct	Dividends	Direct	Direct	Direct	Direct
37				Wri	tten	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
38				Prem		Premium	Business	Premium	Losses	Losses	Losses
36 37 38 39 Ite	em 1	Source: Pag	e 15		0	0	0	0	0	0	0
40 Ite	em 2		sments & Excess Medical Benefits	XXX		XXX	XXX	xxx	XXX	xxx	xxx
41 Ite		Total Exclus			0	0	0	0	0	0	0
42 Ite		Excess Profi	t Data (Item 1 - Item 2 - Item 3)		Ō	Ö	Ö	Ö	Ö	Ö	Ō
43			,		_	_	-	_	•	-	_
44 Ite	em 5a	Refund of Ex	ccess Profit, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX	XXX
45 Ite		All Other Div	ridends, included in Col (3)	XXX		XXX	0	XXX	XXX	XXX ·	XXX
46			• •								
47											
46 47 48 49 50						Col (8)	Col (9)	Col (10)			
49						Direct	Direct	Direct			
50						Paid	Incurred	Unpaid			
51						ALAE	ALAE	ALAE			
52 Ite	em 1	Source: Pag	e 15				0	0			
53 Ite		Total Exclus				0	0	0			
54 Ite		Excess Profi	t Data (Item 1 - Item 3)			ō	<u>0</u> 0	ō			
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55 56											

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	Group Nan		Name #			_	PD Liab						Sheet 3
	Group NAI		# Name				PIP						Sneet 3
	Company I		#				Phys Dam	XXX					
	Company N Year Filed:		2002				TOTAL						
62	rear rileu.	i	2002			-	IOIAL						
	Calendar Y	/ear 1000		Col (1)	Col (2)	Col (3)	Col	/A\	Col	(5)	Col (6)	Col (7)
	Calcilual	Cai 1999		Dire		Direct	Dividends			Dire		Direct	Direct
65				Writte		Earned	on Direct			Pa		Incurred	Unpaid
64 65 66				Premiu		Premium	Business			Loss		Losses	Losses
67	Item 1	Source: Pag	e 15	1 1Cilia	0	0	0		0	<u>LU33</u>	0	0	<u> </u>
			sments & Excess Medical Benefits	XXX	•	xxx	xxx	XXX	•	XXX	٠	xxx	xxx
		Total Exclus		,,,,	0	0	0		0	7001	0	0	0
			it Data (Item 1 - Item 2 - Item 3)		Ō	Ö	Ö		Õ		0	ŏ	Ö
71			,		_	•	Ţ		_		•	•	•
	Item 5a	Refund of Ex	xcess Profit, included in Col (3)	XXX		XXX	0	XXX		XXX		XXX	XXX
			vidends, included in Col (3)	XXX		XXX	Ō			XXX		XXX	XXX
74			• • • • • • • • • • • • • • • • • • • •										
76						Col (8)	Col (9)	Col (10)				
75 76 77 78 79						Direct	Direct	Dire	ect				
78						Paid	Incurred	Unpa	aid				
79						ALAE	ALAE	AL	<u>AE</u>				
80	Item 1	Source: Pag	e 15			0	0)	0				
		Total Exclus	ions			<u>0</u>	<u>0</u>	<u>!</u>	Ō				
82	Item 4	Excess Profi	t Data (Item 1 - Item 3)			0	0		0				
83													
84													

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85	Group Na	me:	Name				BI/UM Liab						Exhibit 1D
86	Group NA	VC #:	#				PD Liab						Sheet 4
87]Company	Name:	Name				PIP		•				
88	Company	NAIC #:	#				Phys Dam	XXX					
89	Year Filed	j :	2002				TOTAL		•				
90	1					•			•				
		Year 1998		Col (1)	Col (2)	Col (3)	Col (4)	Col	(5)	Co	l (6)	Col (7)
92 93 94				Dire	ct	Direct	Dividends	Direct	Dir	rect	Di	irect	Direct
93]			Writte	n	Earned	on Direct	Unearned	P	aid	Incu	rred	Unpaid
94]			Premiur	m	Premium	<u>Business</u>	<u>Premium</u>	Los	ses	Los	sses	Losses
	item 1	Source: Pag	ge 15		0	0	0	0		0		0	0
96	Item 2	UCJF Asse	ssments & Excess Medical Benefits	XXX		XXX	XXX	XXX	XXX		XXX		XXX
97	Item 3	Total Exclus	sions		0	0	0	0		0		0	0
98	Item 4	Excess Pro	fit Data (Item 1 - Item 2 - Item 3)		0	0	0	0		0		0	0
99]												
100	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX		XXX	0	XXX	XXX		XXX		XXX
101	Item 5b	All Other Di	vidends, included in Col (3)	XXX		XXX	0	XXX	XXX		XXX		XXX
102													
102 103 104 106 106													
104						Col (8)	Col (9)						
105						Direct	Direct	Direct					
106						Paid	Incurred	Unpaid					
107]					ALAE	ALAE	ALAE					
108	Item 1	Source: Pag	ge 15			0	0	0					
109	Item 3	Total Exclus	sions			<u>0</u>	<u>0</u>	<u>0</u>					
110	Item 4	Excess Prof	fit Data (Item 1 - Item 3)			0	<u>0</u> 0	0					
111													
112	2												

AH	AQ Exhibit 1D Sheet 5 Col (7) Direct Unpaid Losses
114 Group NAIC #: # PD Liab PIP	Sheet 5 Col (7) Direct Unpaid
Title Company Name: Name Name PIP Phys Dam XXX TOTAL T	Col (7) Direct Unpaid
Total Phys Dam XXX TOTAL TOT	Direct Unpaid
TOTAL 118 119 Calendar Year 1997 Col (1) Col (2) Col (3) Col (4) Col (5) Col (6) Col (10) Col (20) Col (3) Col (4) Col (5) Col (6) Col (6) Col (6) Col (6) Col (6) Col (6) Col (7) Col (8) Col (8) Col (8) Col (9) C	Direct Unpaid
118 119 Calendar Year 1997 Col (1) Col (2) Col (3) Col (4) Col (5) Col (6) 120	Direct Unpaid
119 Calendar Year 1997 Col (1) Col (2) Col (3) Col (4) Col (5) Col (6) 120 Direct Direct Dividends Direct Direct Direct 121 Written Earned on Direct Unearned Paid Incurred 122 Premium Premium Business Premium Losses Losses 123 Item 1 Source: Page 15 0 0 0 0 0 124 Item 2 UCJF Assessments & Excess Medical Benefits XXX XX	Direct Unpaid
120 Direct Direct Dividends Direct D	Direct Unpaid
123 Item 1 Source: Page 15 0 0 0 0 0 0 0 124 Item 2 UCJF Assessments & Excess Medical Benefits XXX	Unpaid
123 Item 1 Source: Page 15 0 0 0 0 0 0 0 124 Item 2 UCJF Assessments & Excess Medical Benefits XXX	
123 Item 1 Source: Page 15 0 0 0 0 0 0 0 124 Item 2 UCJF Assessments & Excess Medical Benefits XXX	Losses
123 Item 1 Source: Page 15 0 0 0 0 0 0 0 124 Item 2 UCJF Assessments & Excess Medical Benefits XXX	
124 Item 2 UCJF Assessments & Excess Medical Benefits XXX XXX XXX XXX XXX XXX XXX	0
	xxx
	0
126 Item 4 Excess Profit Data (Item 1 - Item 2 - Item 3) 0 0 0 0 0 0	ő
127	1
128 Item 5a Refund of Excess Profit, included in Col (3) XXX XXX 0 XXX XXX XXX	xxx
129 Item 5b All Other Dividends, included in Col (3) XXX XXX XXX XXX	XXX
	7000
130 131 132 Col (8) Col (9) Col (10) 133 Direct Direct Direct Direct 134 Paid Incurred Unpaid 135 ALAE AL	
Col (8) Col (9) Col (10)	
Direct Direct Direct	
Paid Incurred Unpaid	
	ļ
136 Item 1 Source: Page 15 0 0 0	1
137 Item 3 Total Exclusions 0 0 0	
138 Item 4 Excess Profit Data (Item 1 - Item 3) 0 0	
139 140	
140	

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141	Group Na	ne:	Name			BI/UM Liab				Exhibit 1D
142	Group NA	IC #:	#			PD Liab				Sheet 6
143	Company	Name:	Name			PIP				
	Company		#			Phys Dam	XXX			
	Year Filed		2002			TOTAL				
146										
147	Calendar '	Year 1996		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
148				Direct	Direct	Dividends	Direct	Direct	Direct	Direct
149				Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
148 149 150				<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	Losses	<u>Losses</u>	Losses
	Item 1	Source: Pag	je 15	0	0	0	0	0	0	0
152	Item 2	UCJF Asses	ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
153	Item 3	Total Exclus	sions	0	0	0	0	0	0	o
	Item 4	Excess Prof	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	o
155										
	Item 5a	Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	xxx
157	Item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
										[
158 159 160 161 162										1
160					Col (8)	Col (9)	Col (10)			
161					Direct	Direct	Direct			
162					Paid	Incurred	Unpaid			
163					ALAE	ALAE	<u>ALAE</u>			1
	Item 1	Source: Pag	ne 15		0	0	0			1
	Item 3	Total Exclus			0	0	0			l
	Item 4	Excess Prof	it Data (Item 1 - Item 3)		Ō	ō	ō			
167										
168										l

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	up Name:	Name		<u> </u>	BI/UM Liab		<u> </u>		Exhibit 1D
	up NAIC #:	#			PD Liab				Sheet 7
	pany Name:	,, Name			PIP				0001
	pany NAIC #:	#			Phys Dam	XXX			
173 Year	Filed:	2002			TOTAL				
174		2002			<u></u>				
175 Cale	ndar Year 1995		Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)
176 177 178 179 Item			Direct	Direct	Dividends	Direct	Direct	Direct	Direct
177			Written	Earned	on Direct	Unearned	Paid	Incurred	Unpaid
178			<u>Premium</u>	Premium	<u>Business</u>	<u>Premium</u>	Losses	Losses	Losses
179 Item	1 Source: Pag	ge 15	0	0	0	0	0	0	0
180 Item	2 UCJF Asses	ssments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX
181 Item	3 Total Exclus	Total Exclusions		0	0	0	0	0	0
182 Item	4 Excess Prof	fit Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	0
183									
184 Item	5a Refund of E	xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
185 Item 186 187 188 189 190	5b All Other Di	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	XXX
186									
187									
188				Col (8)	Col (9)	Col (10)			
189				Direct	Direct	Direct			
190				Paid	Incurred	Unpaid			
191				ALAE	ALAE	<u>ALAE</u>			
192 Item	1 Source: Pag	ge 15		0	0	0			
193 Item				<u>0</u>	<u>0</u>	<u>0</u>			
194 Item	4 Excess Prof	it Data (Item 1 - Item 3)		Ō		0			
195									
195 196									

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197	Group Na	me:	Name			BI/UM Liab				Exhibit 1D
198	Group NA	IC #:	#			PD Liab				Sheet 8
199	Company	Name:	Name			PIP				
200	Company	NAIC #:	#			Phys Dam	XXX			
201	Year Filed	l:	2002			TOTAL				
202										
203	Calendar '	Year 1994 Source: Pag		Col (1)	Col (2)		Col (4)	Col (5)	Col (6)	Col (7)
204				Direct	Direct	and the second s	Direct	Direct	Direct	Direct
205				Written	Earned		Unearned	Paid	Incurred	Unpaid
206				<u>Premium</u>	<u>Premium</u>	<u>Business</u>	<u>Premium</u>	<u>Losses</u>	Losses	Losses
207	Item 1	Source: Pag		0	0	0	0	0	0	이
208	Item 2 Item 3	UCJF Asses	sments & Excess Medical Benefits	XXX	XXX	XXX	XXX	XXX	XXX	xxx
209	Item 3	Total Exclus		0	0	0	0	0	0	이
210	Item 4	Excess Profi	it Data (Item 1 - Item 2 - Item 3)	0	0	0	0	0	0	이
211			•							
212	item 5a		xcess Profit, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	xxx
213	item 5b	All Other Div	vidends, included in Col (3)	XXX	XXX	0	XXX	XXX	XXX	xxx
214										
215										·
216					Col (8)		Col (10)			j
217					Direct		Direct			
218					Paid		Unpaid			
219	Item 5a	_			ALAE	ALAE	ALAE			l
220	Item 1	Source: Pag			0	0	0			
221	item 3	Total Exclus			<u>Q</u>	<u>0</u>	<u>0</u>			
222	Item 4	Excess Profi	t Data (Item 1 - Item 3)		0	0	0			

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1	Group Name:	Name	<u> </u>	L		BI/UM Liab				Exhibit 2D
	Group NAIC #:	#				PD Liab				Sheet 1
3	Company Name:	Name			,	PIP				1
4	Company NAIC #:	#			,	Phys Dam	XXX			1
5	Year Filed:	2002			'	TOTAL				
6					•					1
7	Part 1	Col (1	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
8	Calendar Year 2001	Incrementa	l Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
9		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
10	Accident Year	@ 12/31/01		@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01	@ 12/31/01
11	2001		0	0	0	0			0	0
12	2000	(0	0	0	0	0	0	0	0
13	1999	(0	0	0	0	0	0	0	o
13 14	1998	(0	0	0	0	0	0	0	o
15	1997	(. 0	0	0	0	0	0	0	o
16	1996	C	0	0	0	0	0	0	0	ol
17	1995	(0	0	0	0	0	0	0	0
18	1994	C	0	0	0	0	0	0	0	0
19	1993 & prior	9		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
20	Total		0	0	0	0	0	0	0	0
21										
	Part 2	Col (10)		Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
23	Calendar Qtr 2002-1	Incrementa		Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
24		Paid Loss		Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
24 25 26	Accident Year	@ 3/31/02		@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/02
26	2002	Ç		0	0	0	0	0	0	o
27	2001	C	•	0	0	0	0	0	0	0
28	2000	C	•	0	0	0	0	0	0	ol
29	1999	Ç	0	0	0	0	0	0	0	oj
30	1998	(0	0	0	0	0	0	0	ol ol
31 32	1997		0	U	0	0	0	0	Ü	o o
32	1996		0	0	0	0	0	0	0	ol ol
33 34	1995	C	0	0	0	0	0	0	Ü	ပ္ခု
34 35	1994			•	0	0	0	0	0	ပ္ခု
36	1993 & prior Total	<u>2</u>	9 0	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> 0	<u>0</u>	위
37	iviai			<u> </u>	<u>U</u>			<u> </u>		
	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				l
39	Calendar Year	Incurred Loss		Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
40	2001	incurred Loss		IIIC. LUSSTALAE	0	0.000				1
41	2001	Č	_	0	0	0.000				Į.
40 41 42	1999	Č		0	0	0.000				ļ
43	Average		. 0	U	U	0.000				l
44	ULAE Factor	Min. 1.05	Max. 1.30			0.000				1
45	32.2.00.01		11071 1100			0.000				
46										
777										

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47	Group Name:	Name				BI/UM Liab			<u> </u>	Exhibit 2D
48	Group NAIC #:	#			•	PD Liab				Sheet 2
49	Company Name:	Name			•	PIP				
50	Company NAIC #:	#			•	Phys Dam	XXX			
51	Year Filed:	2002			•	TOTAL				I
52					•					
53	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
54	Calendar Year 2000	Incrementa	l Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
55		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
56	Accident Year	@ 12/31/00	<u>@ 12/31/00</u>	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00	@ 12/31/00
54 55 56 57	2000	C	0	0	0	0	0	0	0	0
58 59	1999	C	0	0	0	0	0	0	0	0
59	1998	C	0	0	0	0	0	0	0	0
60	1997	C	0	0	0	0	0	0	0	0
60 61	1996	C	. 0	0	0	0	0	0	0	0
62 63	1995	C	0	0	0	0	0	0	0	0
63	1994	C	0	0	0	0	0	0	0	0
64	1993 & prior	9		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
65	Total	С	0	0	0	0	0	0	0	0
66										
67	Part 2	Col (10)		Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
68	Calendar Qtr 2001-1	Incrementa		Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
69		Paid Loss		Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
70	Accident Year	<u>@ 3/31/01</u>		<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>	<u>@ 3/31/01</u>
71	2001	C		0	0	0	0	0	0	o
72	2000	C	0	0	0	0	0	0	0	이
73	1999	C	0	0	0	0	0	0	0	0
74	1998	C	0	0	0	0	0	0	0	이
75	1997	C	0	0	0	0	0	0	0	이
70 71 72 73 74 75 76 77	1996	C	0	0	0	0	0	0	0	이
77	1995	C) 0	0	0	0	0	0	0	이
78	1994	C	0	0	0	0	0	0	0	0
79	1993 & prior	<u>0</u>		<u>0</u>	<u>o</u> o	<u>o</u>	<u>0</u> 0	<u>0</u>	<u>0</u> 0	의
80	Total) 0	Ų		U	<u> </u>	<u> </u>	U	U
81	Part 3	Col (19)	Col (20)	Col (21)	Col (21)	Col (22)				
82	Calendar Year	Incurred Loss		Inc. Loss+ALAE	Inc. Loss+ALAE	Incurred ULAE				
83	2000	incurred Loss		IIIC. LUSSTALAE	IIIC. LUSS+ALAE	0.000				l
84 85	1999	Č	-	0	0	0.000				
86	1998	Č	_	0	0	0.000				
87	Average		,	·	J	0.000				
88	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
89	32 12 1 4010 1					0.000	l			1
90										
700										

	AH	Al	AJ	AK	AL	AM	AN	AO	AP	AQ
91	Group Name:	Name				BI/UM Liab				Exhibit 2D
92	Group NAIC #:	#			•	PD Liab				Sheet 3
93	Company Name:	Name				PIP				
94	Company NAIC #:	#				Phys Dam	XXX			
95	Year Filed:	2002		•		TOTAL				
96										
97	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
98	Calendar Year 1999	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
99		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
100	Accident Year	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99	@ 12/31/99
101	1999	0	0	0	0	0	0	0		0
102	1998	0	0	0	0	0	0	0	0	0
103	1997	0	0	0	0	0	0	0	0	0
104	1996	0	0	0	0	0	0	0	0	0
105	1995	0	. 0	0	0	0	0	0	0	0
106	1994	0	0	0	0	0	0	0	0	0
107	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>	0	<u>0</u>	<u>o</u>
108	Total	0	0	0	0	0	0	0	0	0
109										
_	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
111	Calendar Qtr 2000-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
112		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
113	Accident Year	<u>@ 3/31/02</u>	@ 3/31/02	<u>@ 3/31/02</u>	@ 3/31/02	@ 3/31/02	<u>@ 3/31/02</u>	@ 3/31/02	<u>@ 3/31/02</u>	@ 3/31/02
114 115	2000	0	0	0	0	0	0	0	0	0
115	1999	0	0	0	0	0	0	0	0	0
116	1998	0	0	0	0	0	0	0	0	0
117	1997	0	0	0	0	0	0	0	0	0
118	1996	0	0	0	0	0	0	0	0	0
119	1995	0	0	0	0	0	0	0	0	0
120	1994	0	0	0	0	0	0	0	0	0
121	1993 & prior	<u>0</u>	<u>o</u>	<u>0</u>	Ō	<u>0</u>	<u>0</u>	0	<u>0</u>	<u>0</u>
122	Total	0	0	0	0	0	0	0	0	0
123	D- 4.0	0-1/40	0.1/20	0.175	0.1700	0.1/22:1				
_	Part 3	Col (19)	Col (20)	Col (21)	Col (22)	Col (23)				
125	Calendar Year	Incurred Loss	Incurred ALAE	Inc. Loss+ALAE	Incurred ULAE	ULAE Ratio				
126	1999	0	0	0	0	0.000				
127	1998	0	0	0	0	0.000				
128	1997	0	0	0	0	0.000				
129	Average	Min. 4.05	14 4 00			0.000				
130	ULAE Factor	Min. 1.05	Max. 1.30			0.000				
131										
132										

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 	AH Orang Massaci	No.	AJ	AK	AL	AM BI/UM Liab	AN	AO	AP	AQ Exhibit 2D
	Group Name:	Name #				PD Liab				Sheet 4
	Group NAIC #:	# Name				PIP CIAD				Sneet 4
	Company Name:				_		VVV			
	Company NAIC #:	#			_	Phys Dam	XXX			
_	Year Filed:	2002				TOTAL				
138	B 44	2.140	0.10	0.1/0	2.176	0.175	A 1/0			0.1(0)
_	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
140	Calendar Year 1998	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
141		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
142 143 144 145 146	Accident Year	@ 12/31/98	<u>@ 12/31/98</u>	@ 12/31/98	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	<u>@ 12/31/98</u>	@ 12/31/98	@ 12/31/98
143	1998	0	0	0	0	0	0	0	0	o
144	1997	0	0	0	0	0	0	0	0	0
145	1996	0	0	0	0	0	0	0	0	o
146	1995	0	0	0	0	0	0	0	0	이
147	1994	0	· 0	0	. 0	0	0	0	0	이
148	1993 & prior	<u>0</u>	<u>0</u>	Ō	Ō	<u>0</u>	<u>ō</u>	<u>0</u>	Ō	<u>0</u>
149	Total	0	0	0	0	0	0	0	0	0
150										
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
152	Calendar Qtr 1999-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
153		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
154	Accident Year	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	<u>@ 3/31/99</u>	@ 3/31/99
154 155 156 157 158 159	1999	0	0	0	0	0	0	0	0	이
156	1998	0	0	0	0	0	0	0	0	이
157	1997	0	0	. 0	0	0	0	0	0	이
158	1996	0	0	0	0	0	0	0	0	이
159	1995	0	0	0	0	0	0	0	0	이
160	1994	0	0	0	0	0	0	0	0	이
161 162	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>oj</u>
	Total	0	0	0	0	0	0	0	0	0
163 164										į
164										

	AH	Al	AJ	AK	AL	AM BI/UM Liab	AN	AO	AP	AQ Exhibit 2D
	Group Name:	Name				PD Liab				Sheet 5
	Group NAIC #:	#								Sneets
	Company Name:	Name				PIP	VVV			
	Company NAIC #:	#				Phys Dam	XXX			
_	Year Filed:	2002				TOTAL				
170		4 7								2 . (2)
_	Part 1	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
172	Calendar Year 1997	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
173		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
174	Accident Year	@ 12/31/97	<u>@ 12/31/97</u>	<u>@ 12/31/97</u>	@ 12/31/97	<u>@ 12/31/97</u>	<u>@ 12/31/97</u>	@ 12/31/97	@ 12/31/97	@ 12/31/97
175	1997	0	0	0	0	0	0	0	0	0
176	1996	0	0	0	0	0	0	0	0	0
177	1995	0	0	0	0	0	0	0	0	0
178	1994	0	0	0	0	0	0	0	0	0
179	1993 & prior	<u>0</u>	· <u>0</u>	Ō	<u>o</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
180	Total	0	0	0	0	0	0	0	0	0
181										
182	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
183	Calendar Qtr 1998-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
184		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
185	Accident Year	<u>@ 3/31/98</u>	@ 3/31/98	@ 3/31/98	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	<u>@ 3/31/98</u>	@ 3/31/98
186	1998	0	0	0	0	0	0	0	0	0
187	1997	0	0	0	0	0	0	0	0	0
188	1996	0	0	0	0	0	0	0	0	0
189	1995	0	0	0	0	0	0	0	0	0
190	1994	0	0	0	0	0	0	0	0	0
191	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
192	Total	0	0	0	0	0	0	0	0	0
193										
194										

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105	AH Croup Name:	Name	AJ	AK	AL	BI/UM Liab	AN	AO	AP	AQ Exhibit 2D
	Group Name:					PD Liab				Sheet 6
	Group NAIC #:	#				PIP				Sileeto
	Company Name:	Name								
_	Company NAIC #:	#				Phys Dam	XXX			
_	Year Filed:	2002				TOTAL				
200										
_	Part 1	Col (1)	Col (2)	Col (3)	Col (4)		Col (6)	Col (7)	Col (8)	Col (9)
202	Calendar Year 1996	Incremental	Cumulative	Case	Case		Cumulative	Case	Case	Case Incurred
203		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss		Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
203 204 205 206 207	Accident Year	@ 12/31/96	<u>@ 12/31/96</u>	<u>@ 12/31/96</u>	@ 12/31/96	@ 12/31/96	@ 12/31/96	@ 12/31/96	<u>@ 12/31/96</u>	@ 12/31/96
205	1996	0	0	0	0	0	0	0	0	0
206	1995	0	0	0	0	0	0	0	0	0
207	1994	0	0	0	0	0	0	0	0	0
208 209	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>o</u>
209	Total	0	· 0	0	0	0	0	0	0	0
210										
211	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
212	Calendar Qtr 1997-1	Incremental	Cumulative	Case	Case	Incremental	Cumulative	Case	Case	Case Incurred
213		Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss	Paid ALAE	Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
214	Accident Year	<u>@ 3/31/97</u>	@ 3/31/97	@ 3/31/97	@ 3/31/97	@ 3/31/97	@ 3/31/97	@ 3/31/97	@ 3/31/97	<u>@ 3/31/97</u>
215	1997	0	0	0	0	0	0	0	0	0
216	1996	0	0	0	0	0	0	0	0	0
217	1995	0	0	0	0	0	0	0	0	0
218	1994	0	0	0	0	0	0	0	0	0
219	1993 & prior	<u>0</u>	<u>0</u>	<u>0</u>	· <u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
219 220	Total	0	0	0	0	0	0	0	0	0
221										
222										

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								T		
1000	AH Group Name:	Name	AJ L	AK	AL	BI/UM Liab	AN	AO	AP	AQ Exhibit 2D
		name #				PD Liab				Sheet 7
	Group NAIC #:	# Name				PIP				Sileet 1
	Company Name:	#				Phys Dam	XXX			
	Company NAIC #:	"				TOTAL				
	Year Filed:	2002				TOTAL				
228	Part 1	Cal (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)	Col (8)	Col (9)
-	Calendar Year 1995	Col (1)	Cumulative		Cor (4)		Cumulative	Case	Case	Case Incurred
230	Calendar Year 1995	Incremental Paid Loss	Paid Loss	Case	Incurred Loss		Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
231 232	Assident Vess			Unpaid Loss				•		@ 12/31/95
232	Accident Year	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>@ 12/31/95</u>	<u>W 12/31/93</u>
233	1995	0	0	0	U	0	U	0	. 0	0
234	1994	0	0	U	U	0	0	0	0	0
233 234 235 236	1993 & prior Total	ñ	ñ	ň	ŭ	ŭ	ŭ	ŭ	Ď.	n v
236	rotai	<u> </u>		<u> </u>		<u> </u>	<u> </u>		<u>v</u>	
	Part 2	Col (10)	Col (11)	Col (12)	Col (13)	Col (14)	Col (15)	Col (16)	Col (17)	Col (18)
_	Calendar Qtr 1996-1	Incremental	Cumulative	Case	Case		Cumulative	Case	Case	Case Incurred
239 240	Calelidal Qui 1990-1	Paid Loss	Paid Loss	Unpaid Loss	Incurred Loss		Paid ALAE	Unpaid ALAE	Incurred ALAE	Loss+ALAE
	Accident Year	@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96		@ 3/31/96	@ 3/31/96	@ 3/31/96	@ 3/31/96
241	1996	<u>@ 3/3 1/90</u>	<u>W 3/3//30</u>	<u>w 3/3//90</u>	<u>w. 3/3 1/90</u>	<u>(u) 3/3//30</u>	<u>(W. 3/3 1/90</u>	<u>we 5/3/1/90</u>	00,01010	0 <u>00,01190</u>
242	1995	0	0	0	0	0	0	0	0	0
244	1994	0	0	0	0	0	0	0	0	n
245	1993 & prior	0	0	0	0		0	0	0	0
241 242 243 244 245 246	Total	<u>0</u>	υ	<u>v</u>	0	<u> </u>	<u>o</u>	<u>0</u>	0	<u>0</u>
_	iotai	<u> </u>	<u>_</u>	<u>_</u>						
247 248										
240										

	AK	AL	AM	AN	AO	AP	AQ	AR I	AS	AT	AU
	Group Name:	Name				BI/UM Liab					Exhibit 3D
2	Group NAIC #:	#				PD Liab					Parts 1-3
	Company Name:	Name				PIP					
	Company NAIC #:	#				Phys Dam	XXX				
	Year Filed:	2002				TOTAL					
6 7											
7										_	
8	Part 1										
9	Cumulative										
10	Case Incurred										
9 10 11	Loss + ALAE					nt Year					
12	as of	1994	<u>1995</u>	1996	1997	<u>1998</u>	<u>1999</u>	2000	<u>2001</u>	•	
13	15 months	0	0	0	0	0	0	0	0		
12 13 14 15	27 months	0	0	0	0	0	0	0	l		·
15	39 months	0	0	0	0	0	0		Į		
16	51 months	0	0.	0	0	0					
17											
18											
19											
18 19 20 21											
21	D-10										0.170
	Part 2 Development				Accident Year				Col (A)	D	Col (B) Cumulative
23		4004	4005	4000		4000	4000	2000	Incremental	Development	
24	Factors 15-27 months	<u>1994</u> 1.000	<u>1995</u> 1.000	<u>1996</u> 1.000	<u>1997</u> 1.000	1998 1.000	<u>1999</u> 1.000	2000 1.000	<u>LDF</u> 0.000	Factors 15 mo ult.	<u>LDF</u> 0.000
25	27-39 months	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	15 mo uit. 27 mo uit.	0.000
24 25 26 27	39-51 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	39 mo ult.	0.000
28	33-31 Hioridis	1.000	1.000	1.000	1.000	1.000			0.000	39 mo uit.	0.000
20											
30											
31											
32											
28 29 30 31 32 33											
34	Part 3	Col (1)	Col (2)	Col (3)							
35		• ,	` '	Projected							
36		Case Incurred	Loss + ALAE	Ultimate							
37		Loss + ALAE	Development	Loss + ALAE							
38	Accident Year	@ 3/31/02	Factor	@ 3/31/02							
39	2001	0	0.000	0							
40	2000	0	0.000	0							
41	1999	0	0.000	0							
42	1998	0	1.000	0							
36 37 38 39 40 41 42 43 44 45 46						•					
44											
45											
46											
47											

Г	AK	AL I	AM	AN I	AO I	AP	AQ	AR	AS	AT	AU
48	Group Name:	Name	·····			BI/UM Liab					Exhibit 3D
49	Group NAIC #:	#				PD Liab					Parts 4-6
	Company Name:	Name				PIP					
51	Company NAIC #:	#				Phys Dam	XXX				
	Year Filed:	2002			_	TOTAL					
53 54	1										
54											
	Part 4 Cumulative							i			
56 57											
					Accident Year			I			
50	as of	1994	1995	1996	1997	1998	1999	2000			
60	15 months	1334	1990	1550	1 <u>1337</u> 0	<u>1990</u>	<u>1333</u>	2000			
61	27 months	ŏ	ŏ	ŏ	Ö	ŏ	ŏ	7			
62	39 months	Ö	ŏ	ő	Ö	ŏ	•	İ			
63	51 months	Ö	Ö.	Ö	ő	•		ì			
58 59 60 61 62 63 64						····					
65 66 67	1										
66											
67]										
68											
	Part 5								Col (A)		Col (B)
70 71 72 73 74	Development			Accident					Incremental	Development	Cumulative
71	<u>Factors</u>	<u>1994</u>	1995	<u>1996</u>	1997	1998	1999		LDF	<u>Factors</u>	LDF
72	15-27 months	1.000	1.000	1.000	1.000	1.000	1.000		0.000	15 mo ult.	0.000
73	27-39 months	1.000 1.000	1.000 1.000	1.000 1.000	1.000 1.000	1.000			0.000 0.000	27 mo ult. 39 mo ult.	0.000 0.000
		1.000	1.000	1.000	1.000	······································			0.000	39 mo uit.	0.000
75	ĺ										
177											
78	1										
75 76 77 78 79											
80	Part 6	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)	Col (6)	Col (7)			
81	1	` '	Loss + ALAE	Projected	, ,	Loss + ALAÉ	Projected	Development			
82]	Case Incurred	Development	Ultimate	Case Incurred	Development	Ultimate	Adjustment			
83		Loss + ALAE	Factor	Loss + ALAE	Loss + ALAE	Factor	Loss + ALAE	Col (3) -			
84	Accident Year	@ 3/31/02	@ 3/31/02	@ 3/31/02	@ 3/31/01	@ 3/31/01	@ 3/31/01	<u>Col (6)</u>			
85	1998	0	1.000	0	0	0.000	0	0			
81 82 83 84 85 86 87 88	1							l			
87	ł							1			
88				1				l			
89	ł					Total Davidson	mant Adiustmant	ا			
90	L					i otal Developr	nent Adjustment	0			

	Y	Z	AA I	AB	AC	AD	AE
1	Group Name:	Name		BI/UM Liab			Exhibit 4D
2	Group NAIC #:	#		PD Liab			
	Company Name:	Name	_	PIP			
4	Company NAIC #:	#		Phys Dam		XXX	
5	Year Filed:	2002		TOTAL			
6							
7			Part 1 - Co			Part 2 - Ne	
8			Insurance Ex	pense Exhibit		Page	
9			Col (1)	Col (2)		Col (3)	Col (4)
10		Calendar Year 2001					
11	Item 1	Direct Written Premium	\$0			\$0	
12 13	Item 2	Direct Earned Premium	0			0	
13	Item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
14	Item 4	Direct General Expense	0	0.00%		0	0.00%
15	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
16	item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
17	Item 7	Direct Prepaid Expenses	0	0.00%		0	0.00%
18	Item 8	LAD Fees Paid	N/A	N/A		0	0.00%
19							
20			Part 1 - C			Part 2 - Ne	
21 22 23			Insurance Exp			Page	
22			Col (1)	Col (2)		<u>Col (3)</u>	<u>Col (4)</u>
23		Calendar Year 2000					
24 25	Item 1	Direct Written Premium	\$0			\$0	
25	Item 2	Direct Earned Premium	0			0	
26 27	Item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
27	Item 4	Direct General Expense	0	0.00%		0	0.00%
28	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
29	Item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
30	Item 7	Direct Prepaid Expenses	0	0.00%		0	0.00%
31	item 8	LAD Fees Paid	N/A	N/A		0	0.00%
32 33							
33			Part 1 - C			Part 2 - Ne	
34 35			Insurance Exp			Page	
35			<u>Col (1)</u>	Col (2)		<u>Col (3)</u>	Col (4)
36 37		Calendar Year 1999					
	Item 1	Direct Written Premium	\$0			\$0	
38	Item 2	Direct Earned Premium	0	_		0	
39	Item 3	Direct Other Acquisition Expense	0	0.00%		0	0.00%
40	Item 4	Direct Earned Premium	0	0.00%			0.00%
41	Item 5	Direct Commission & Brokerage	0	0.00%		0	0.00%
42	Item 6	Direct Taxes, Licenses & Fees	0	0.00%		0	0.00%
43	Item 7	Direct Prepaid Expenses	0	0.00%		0	0.00%
44	Item 8	LAD Fees Paid	N/A	N/A		0	0.00%

_	V	T W	Т <u>х</u> Т	Y	z	AA
1	Group Name:	Name	BI/UM Liab			Exhibit 5D
	Group NAIC #:	#	PD Liab			Part 1
3	Company Name:	Name	PIP			
4	Company NAIC #:	#	Phys Dam	XXX		
	Year Filed:	2002	TOTAL			
6						
7						
8	Part 1		1999	2000	2001	
9	Item 1	Agents Balances	0	0	0	
10	Item 2	Unearned Premium Reserve	0	0	o	
11	Item 3	Agents Balance Ratio [Item 1 / Item 2]	0.000	0.000	0.000	
12	Item 4	Direct Prepaid Expenses - NJ (Exhibit 4)	0	0	o	
11 12 13	Item 5	Direct Net Written Premium - NJ (Exhibit 4)	. 0	0	o	
14 15	Item 6	Prepaid Expense Ratio [Item 4 / Item 5]	0.000	0.000	0.000	
15	Item 7a	Direct Unearned Premium Reserve - Beginning (Exhibit 1)	0	0	o	
16 17	Item 7b	Direct Unearned Premium Reserve - Ending (Exhibit 1)	0	0	0	
17	Item 7	Average Unearned Premium Reserve [(Item 7a + Item 7b) / 2]	0	0	0	
18	Item 8	Investable Unearned Premium [Item 7 * (1 - Item 3 - Item 6)]	0	0	0	
19	Item 9a	Direct Unpaid Loss - Beginning (Exhibit 1)	0	0	0	
20 21 22 23 24 25 26 27	Item 9b	Direct Unpaid Loss - Ending (Exhibit 1)	0	0	0	
21	Item 9	Average Loss Reserve [(Item 9a + Item 9b) / 2]	0	0	0	
22	Item 10a	Direct Unpaid ALAE - Beginning (Exhibit 1)	0	0	0	
23	Item 10b	Direct Unpaid ALAE - Ending (Exhibit 1)	0	0	0	
24	Item 10	Average ALAE Reserve [(Item 10a + Item 10b) / 2]	0	0	0	
25	Item 11	ULAE Factor (Exhibit 2)	0.000	0.000	0.000	
26	Item 12	Average Loss + LAE Reserve [(Item 9 + Item 10) * Item 11]	0	0	0	
27	Item 13	Total Reserve [Item 8 + Item 12]	0	0	0	
28	Item 14	Rate of Return (Part 2C, Item 8, 3-Yr Total)	0.0%	0.0%	0.0%	
29	Item 15	Actual Investment Income Earned [Item 13 * Item 14]	0	0	0	
30						
31						
32						
33						
34						
35						
36						
37						
30 31 32 33 34 35 36 37 38						
39						

<u> </u>	BK	BL	ВМ	BN	ВО	BP	BQ BI/UM Liab	BR	BS Fighting 7D
1	Group Name:	Name							Exhibit 7D
2	Group NAIC #:	#					PD Liab		Sheet 1
3	Company Name:	Name						VVV	
4	Company NAIC #:	#					Phys Dam	XXX	
5	Year Filed:	2002					TOTAL		
6									
7									
8					Calendar		4007	4000	4005
9	Harris A. Francis Des St. Delid	2002	<u>2001</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>	<u>1995</u>
10	Item 1 Excess Profit Paid	. 0	0	0	0	0	0	0	0
11									
12	Carryforward Used			Cala	ndar Year Exc	ooo Droft F	Poid		
13	for Accident Year	2002	2001	2000	1999	1998	7aid 1997	1996	1995
14 15	2001	<u>2002</u> 0	<u>2001</u> 0	<u>2000</u> 0	1 999 0	1990	<u>1997</u> 0	1990	1995
16	2001	0	0	0	0	0	0	0	o
17	1999	0	0	0	0	0	0	0	o
18	1998	xxx	0	0	0	0	0	0	0
19	1997	XXX	XXX	0	0	0	0	0	ő
20	1996	XXX	XXX	XXX	ő	0	Ö	0	ő
21	1995	XXX	XXX	XXX	xxx	0	Ö	0	o
22	1994	XXX	XXX	XXX	XXX	XXX	0	0	ő
23	1993	XXX	XXX	XXX	XXX	XXX	xxx	0	ő
24	1992	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ől
25	1991	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
26	1990	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
27	1989	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
28	1988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
29	1987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
30	1986	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31	1985	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx
32	1984	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33	1983	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34									
35	Item 2 Total Carryforward Used	0	0	0	0	0	0	0	o
36	·								
37	Item 3 Carryforward Unused	0	0	0	0	0	0	0	0

1	CC	СВ	CA	BZ	BY	вх	BW I	BV	BU	BT I	
PD Liab PiP Phys Dam XXX PiP Phys Dam Phy	Exhibit 7D	OB 1			<u> </u>	<u> </u>	DAA	BV	BU I	<u> </u>	1
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8 Calendar Year 9 1994 1993 1992 1991 1990 1989 1988 1987 10 0 0 0 0 0 0 0 11 12 13 Calendar Year Excess Profit Paid 14 1994 1993 1992 1991 1990 1989 1988 1987 15 0 0 0 0 0 0 0 0 16 0 0 0 0 0 0 0 0 17 0 0 0 0 0 0 0 0 18 0 0 0 0 0 0 0 0 20 0 0 0 0 0 0 0 0 0 21 0 0 0 0 0 0 0 0 0 0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>											
9						endar Year	Ca				
10	986 Total	1986	1987	1988	1989			1992	1993	1994	9
12	0 0	0				0					10
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14 1994 1993 1992 1991 1990 1989 1988 1987 15 0 0 0 0 0 0 0 0 16 0 0 0 0 0 0 0 0 17 0 0 0 0 0 0 0 0 18 0 0 0 0 0 0 0 0 19 0 0 0 0 0 0 0 0 20 0 0 0 0 0 0 0 0 21 0 0 0 0 0 0 0 0 0 22 0											12
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36	0 0	n	0	n	0	n	n	n	0	n	30

Supp. 2-18-03

Г	V	W	X	T	Y		Z		AA
1	Group Name:	Name		BI	/UM Liab				Exhibit 8D
2	Group NAIC #:	#		PI) Liab				
3	Company Name:	Name		PI	Р				
4	Company NAIC #:	#		PI	nys Dam		XXX		
5	Year Filed:	2002		TO	OTAL				
6									
7			1999		2000		2001		Total
8	Item 1	Direct Calendar Year Written Premium [Exhibit 1D, Col (1), Item 4]		0		0		0	0
9	Item 2	Direct Calendar Year Earned Premium [Exhibit 1D, Col (2), Item 4]		0		0		0	0
10	Item 3	Dividends excluding Refund of Excess Profit [Exhibit 1D, Col (3), Item 5b]		0		0		0	0
11	Item 4	Net AIRE [Exhibit 6, Part 7, Col (3)]	XXX		XXX		XXX		XXX
12	Item 5	Direct Calendar Year Net Earned Premium [Item 2 - Item 3 + Item 4]		0		0		0	0
13									
14	Item 6	Direct Accident Year Ultimate Loss & ALAE [Exhibit 3D, Part 3, Col (3)]		0		0		0	0
15	Item 7	ULAE Ratio [Exhibit 2D, Part 3, Col (23)]	0.0	000	0.	000	0.0	000	0.000
16 17	Item 8	Direct Accident Year Ultimate Loss & LAE [Item 6 * Item 7]		0		0		0	0
17	Item 9	Direct Accident Year Ultimate Loss & LAE Ratio [Item 8 / Item 5]	0.0	000	0.	000	0.0	000	0.000
18									
19	Item 10	Direct Commission & Brokerage [Exhibit 4D, Col (3), Item 5]		0		0		0	0
19 20	Item 11	Direct Other Acquisition Expense [Exhibit 4D, Col (3), Item 3]		0		0		0	0
21	Item 12	Direct General Expense [Exhibit 4D, Col (3), Item 4]		0		0		0	0
22	Item 13	Direct Taxes, Licenses & Fees [Exhibit 4D, Col (3), Item 6]		0		0		0	0
23	Item 14a	LAD Fees Paid [Exhibit 4D, Col (3), Item 8]		0		0		0	0
24	Item 14b	Percentage Reflected in Excess Profit Report	1	0%		0%		0%	
22 23 24 25	Item 14	Item 14a * Item 14b		0		0		0	0
26 27 28	Item 15	Total Expenses [Sum (Item 10 - Item 14)]		0		0		0	0
27									
28	Item 16	Underwriting Income [Item 5 - Item 8 - Item 15]		0		0		0	0
29	Item 17	Allowance for Profit & Contin. [Item 2 * Clifford Formula 5.38% Pre-Tax]		0		0		0	0
30	Item 18	Investment Income Earned [Exhibit 5D, Part 1, Item 15]		0		0		0	0
31	Item 19	Actuarial Gain [Item 16 - Item 17 + Item 18]		0		0		0	0
32			•						
30 31 32 33	Item 20	Total Development Adjustment [Exhibit 3D, Part 6, Col (7)]							. 0
34	Item 21	Total Actuarial Gain (Item 19 - Item 20)							0
35		·							
34 35 36	Item 22	Additional Non-Excessive Profit Allowance [Item 2 * 3.85% Pre-Tax]							0
37	Item 23	Holding Company Non-Excessive Subsidization [Item 2 * 0.5%]							0
38	Item 24	Gross Excess Profit / (Loss) [Item 21 - Item 22 - Item 23]							0
38 39									
40	Item 25	Carryforward of a Prior Refund of Excess Profit (Exhibit 7D, Item 2)		0		0		0	0
		, , , , , , , , , , , , , , , , , , , ,							
41 42	Item 26	Net Excess Profit / (Loss) [Item 24 - Item 25]							0

Г	AC	AD	AE	AF	AG	AH
1	Group Name:	Name		BI/UM Liab		Exhibit 8
2	Group NAIC #:	#	ī	PD Liab		
3	Company Name:	Name	Ī	PIP		
4	Company NAIC #:	#		Phys Dam		
5	Year Filed:	2002	7	OTAL	XXX	
6			_			
7			1999	2000	2001	Total
8	Item 1	Direct Calendar Year Written Premium [Exhibit 1, Col (1), Item 4]	0	0	0	0
9	Item 2	Direct Calendar Year Earned Premium [Exhibit 1, Col (2), Item 4]	0	0	0	0
10	Item 3	Dividends excluding Refund of Excess Profit [Exhibit 1, Col (3), Item 5b]	0	0	0	0
11	Item 4	Net AIRE [Exhibit 6, Part 7, Col (3)]	0	0	0	0
12	Item 5	Direct Calendar Year Net Earned Premium [Item 2 - Item 3 + Item 4]	0	0	0	0
13]					
14	ltem 6	Direct Accident Year Ultimate Loss & ALAE [Exhibit 3, Part 3, Col (3)]	0	0	0	o
15	Item 7	ULAE Ratio [Exhibit 2, Col (23)]	0.000	0.000	0.000	0.000
15 16	Item 8	Direct Accident Year Ultimate Loss & LAE [Item 6 * Item 7]	0	0	0	0
17	Item 9	Direct Accident Year Ultimate Loss & LAE Ratio [Item 8 / Item 5]	0.000	0.000	0.000	0.000
18						l
19	ltem 10	Direct Commission & Brokerage [Exhibit 4, Col (3), Item 5]	0	0	0	o
20	Item 11	Direct Other Acquisition Expense [Exhibit 4, Col (3), Item 3]	0	0	0	0
21	Item 12	Direct General Expense [Exhibit 4, Col (3), Item 4]	0	0	0	0
22	Item 13	Direct Taxes, Licenses & Fees [Exhibit 4, Col (3), Item 6]	0	0	0	o
23 24	Item 14a	LAD Fees Paid [Exhibit 4, Col (3), Item 8]	0	0	0	o
24	Item 14b	Percentage Reflected in Excess Profit Report	0%	0%	0%	
25 26	Item 14	Item 14a * Item 14b	0	0	0	o
26	Item 15	Total Expenses [Sum (Item 10 - Item 14)]	0	0	0	0
27						
27 28 29 30	Item 16	Underwriting Income [Item 5 - Item 8 - Item 15]	0	0	0	o
29	Item 17	Allowance for Profit & Contin. [Item 2 * Clifford Formula 5.38% Pre-Tax]	0	0	0	ol
30	Item 18	Investment Income Earned [Exhibit 5, Part 1, Item 15]	0	0	0	o
31	1 Item 19	Actuarial Gain [Item 16 - Item 17 + Item 18]	0	0	0	ol
32		•				- 1
33	Item 20	Total Development Adjustment [Exhibit 3, Part 6, Col (7)]				· ol
34	Item 21	Total Actuarial Gain (Item 19 - Item 20)				ol
33 34 35 36	1	, ,			•	1
36	ltem 22	Additional Non-Excessive Profit Allowance [Item 2 * 3.85% Pre-Tax]				ol
37	Item 23	Holding Company Non-Excessive Subsidization [Item 2 * 0.5%]				ől
38	Item 24	Gross Excess Profit / (Loss) [Item 21 - Item 22 - Item 23]				õl
30	1	2.000				1
39 40	Item 25	Carryforward of a Prior Refund of Excess Profit (Exhibit 7, Item 2)	0	0	0	ဂါ
41	1	and the second of the second o	ŭ	J	ŭ	า
42	Item 26	Net Excess Profit / (Loss) [Item 24 - Item 25]				ol

11:3–20 App. DEPT. OF INSURANCE

See: 25 N.J.R. 1829(a), 26 N.J.R. 241(a).

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Repeal and New Rule, R.1996 d.312, effective July 15, 1996.

See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Administrative correction. See: 28 N.J.R. 3798(b).

Amended by R.2002 d.386, effective December 2, 2002.

See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).

Appendix deleted and replaced with new appendix.

SUBCHAPTER 20A. (RESERVED)

SUBCHAPTER 21. PERSONAL INJURY
PROTECTION COVERAGE REDUCED PIP
PREMIUM CHARGE FOR ADDITIONAL
AUTOS IN ONE-DRIVER HOUSEHOLDS

11:3-21.1 Purpose

The purpose of this rule is to implement N.J.S.A. 39:6A–4.1, which provides for reduced personal injury protection premiums for additional automobiles in one-driver households.

11:3-21.2 Reduction of PIP premium

(a) In any instance where a named insured is the owner, the only designated operator of two or more automobiles insured by the same insurer under one or more policies, and the only licensed driver residing in the household, the full basic PIP rate shall be charged on one automobile, and a percentage discount shall be given on the PIP premium charge on each additional auto. For the three-year period commencing with the operative date of this rule, the premium reduction shall be at least 50 percent of the approved charge for the applicable territory of garaging for the additional automobile(s), exclusive of expense fees and policy constants or residual market equalization charges.

11:3-21.3 Automobiles eligible for premium reduction

- (a) Except as provided in paragraph 1 below, the reduced premiums shall only apply to a private passenger automobile of a private passenger or station wagon type that is owned or hired by an individual or by husband and wife who are residents of the same household and is neither used as a public or livery conveyance for passengers nor rented to others with a driver; and a motor vehicle with a pick-up body, a delivery sedan, a van, or a panel truck or a camper type vehicle used for recreational purposes owned by an individual or by husband and wife who are residents of the same household, not customarily used in the occupation, profession or business of the insured other than farming or ranching. An automobile owned by a farm family copartnership or corporation which is principally garaged on a farm or ranch and otherwise meets the definitions contained in this section, shall be considered a private passenger automobile owned by two or more relatives resident in the same household.
 - 1. The reduced premium shall not apply to automobiles for which the basic PIP premium charge is less than \$25.00, exclusive of expense fees and policy constants or residual market equalization charges, and which are of the following types:
 - i. Automobiles 10 years or older and maintained primarily for use in exhibitions, parades and club activities, or
 - ii. A self-propelled vehicle with a living area that is an integral part of the chassis or a pick-up with a permanently attached camper body.
- (b) A reduced premium charge for PIP coverage as specified in (a) above shall apply to all policies which are in force, issued or renewed on or after the operative date of this rule.
 - 1. With respect to in force policies, the insurer shall calculate the reduce premium charge in (a) above, and shall issue a refund check in this amount to the insured or apply a credit in this amount to the insured's renewal policy.
 - i. In the event a policy is nonrenewed or otherwise terminated prior to renewal, the insurer shall calculate a return premium in accordance with the operative date of this rule and the effective termination date of the policy. The insurer shall issue a refund check in this amount to the insured.

11:3-21.4 Filing and statistical requirements

(a) Each automobile filer shall, within 60 days of the effective date of this rule, submit to the Commissioner for approval filings of rates and manual rules for implementing the reduced PIP premium charges for additional automobiles required by this rule.

Supp. 2-18-03 **3-108**

NEW JERSEY COUNTY/MUNICIPALITY CODES Enter the Appropriate Four-Digit Number on Line 6, Vendor Data

	Enter the App	rophate rour-bigit	Number on Line o, v	endoi Data	
ATLANTIC COUNTY	0304 - Bordentown Twp.	0606—Greenwich Twp	MERCER COUNTY	1404 Chatham Bor.	1711 — Pittsgrove Twp.
0101 - Absecon City	0305—Burlington City	0607 - Hopewell Twp.	1101 - East Windsor Twp.	1405—Chatham Twp.	1712 – Quinton Twp. 1713 – Salem City
0102 - Atlantic City	0306 – Burlington Twp. 0307 Chesterfield Twp.	0608 Lawrence Twp 0609 Maurice River Twp.	1102—Ewing Twp. 1103—Hamilton Twp.	1406 – Chester Bor. 1407 – Chester Twp.	1714 – Upper Pittsgrove Twp.
0103 – Brigantine City 0104 – Buena Bor.	0308 – Cinnaminson Twp.	0610 — Millville City	1104 – Hightstown Bor.	1408 – Denville Twp.	1715—Woodstown Bor.
0105 — Buena Vista Twp.	0309 Delance Twp.	0611 - Shiloh Bor.	1105 - Hopewell Bor.	1409 — Dover Twp.	SOMERSET COUNTY
0106—Corbin City City	0310 Delran Twp.	0612—Stow Creek Twp.	1106—Hopewell Twp.	1410 East Hanover Twp.	1801 - Bedminster Twp.
0107 – Egg Harbor City	0311 – Eastampton Twp. 0312 – Edgewater Park Twp.	0613 – Upper Deerfield Twp. 0614 Vineland City	1107—Lawrence Twp. 1108—Pennington Bor	1411 – Florham Park Bor. 1412 – Hanover Twp.	1802 - Bernards Twp.
0108 – Egg Harbor Twp. 0109 – Estell Manor City	0313 – Evesham Twp.	0014 Villeland City	1109 – Princeton Bor.	1413—Harding Twp.	1803 – Bernardsville Bor.
0110—Folsom Bor.	0314 - Fieldsboro Bor.	ESSEX COUNTY	1110—Princeton Twp.	1414—Jefferson Twp.	1804 – Bound Brook Bor.
0111 - Galloway Twp.	0315 - Florence Twp.	0701 — Belleville Twp.	1111 - Trenton City	1415 – Kinnelon Bor	1805—Branchburg Twp. 1806 Bridgewater Twp.
0112—Hamilton Twp.	0316 — Hainesport Twp. 0317 — Lumberton Twp.	0702—Bloomfield Twp. 0703—Caldwell Borough Twp.	1112—Washington Twp 1113—West Windsor Twp.	1416 – Lincoln Park Bor. 1417 – Madison Bor.	1807 — Far Hills Bor.
0113—Hammonton Town 0114—Linwood City	0318 Mansfield Twp.	0704—Cedar Grove Twp.	TITS—West Wildson (Wp.	1418 Mendham Bor.	1808 – Franklin Twp.
0115 Longport Bor.	0319 Maple Shade Twp.	0705—East Orange City	MIDDLESEX COUNTY	1419-Mendham Twp.	1809—Green Brook Twp. 1810—Hillsborough Twp.
0116—Margate City	0320 — Medford Twp.	0706 - Essex Falls Twp.	1201 - Carteret Bor.	1420 — Mine Hill Twp.	1811 – Manville Bor,
0117 - Mullica Twp.	0321 — Medford Lakes Bor. 0322 — Moorestown Twp.	0707 – Fairfield Twp. 0708 – Glen Ridge Twp.	1202 — Cranbury Twp.	1421 - Montville Twp. 1422 – Morris Twp.	1812—Milistone Bor.
0118 – Northfield City 0119 – Pleasantville City	0323 – Mount Holly Twp.	0709—Irvington Twp.	1203 – Dunellen Bor. 1204 – East Brunswick	1423 - Morns Plains Bor.	1813—Montgomery Twp.
0120—Port Republic City	0324 Mount Laurel Twp.	0710—Livingston Twp	1205 - Edison Twp.	1424 – Morristown Town	1814—North Plainfield Bor. 1815—Peapack-Gladstone Bor.
0121 – Somers Point City	0325 – New Hanover Twp.	0711 - Maplewood Twp.	1206 Helmetta Bor.	1425 — Mountain Lakes Bor.	1816 Raritan Bor.
0122—Ventnor City	0326 - No. Hanover Twp. 0327 - Palmyra Bor.	0712—Millburn Twp. 0713—Montclair Twp.	1207—Highland Park Bor. 1208—Jamesburg Bor.	1426 – Mount Arlington Bor. 1427 – Mount Olive Twp.	1817 - Rocky Hill Bor.
0123—Weymouth Twp.	0328 – Pemberton Bor.	0714 – Newark City	1209 – Metuchen Bor.	1428 – Netcong Bor.	1818 – Somerville Bor.
BERGEN COUNTY	0329 Pemberton Twp.	0715—North Caldwell Twp.	1210 – Middlesex Bor.	1429 — Par-Troy Hills Twp.	1819—South Bound Brook Bor. 1820—Warren Twp.
0201 - Aliendale Bor.	0330 – Riverside Twp.	0716 - Nutley Twp.	1211 – Milltown Bor.	1430 – Passaic Twp. 1431 – Pequannock Twp	1821 – Watchung Bor.
0202 Alpine Bor.	0331 — Riverton Bor. 0332 — Shamong Twp.	0717 Orange City Twp. 0718—Roseland Bor.	1212 – Monroe Twp. 1213 – New Brunswick City	1431 – requarmock twp 1432 - Randolph Twp.	SUSSEX COUNTY
0203 Bergenfield Bor. 0204 – Bogota Bor.	0333 - Southampton Twp.	0719 - South Orange Village	1214—North Brunswick Twp	1433 – Riverdale Bor.	1901 — Andover Bor.
0205—Carlstadt Bor.	0334 – Springfield Twp.	0720—Verona Twp.	1215—Old Bridge Twp.	1434 Rockaway Bor.	1902 – Andover Twp.
0206 - Cliffside Park Bor.	0335 - Tabernacle Twp.	0721 – West Caldwell Twp.	1216 Perth Amboy City	1435 – Rockaway Twp. 1436 – Roxbury Twp.	1903 - Branchville Bor.
0207 - Closter Bor.	0336 — Washington Twp. 0337 — Westampton Twp.	0722—West Orange Twp.	1217—Piscataway Twp. 1218—Plainsboro Twp.	1436 – Hoxbury Twp. 1437 – Victory Gardens Bor.	1904 - Byram Twp.
0208 – Cresskill Bor. 0209 – Demarest Bor.	0338 – Willingboro Twp.	GLOUCESTER COUNTY	1219 – Sayreville Bor.	1438 - Washington Twp.	1905—Frankford Twp. 1906—Franklin Bor.
0210—Dumont Bor.	0339 — Woodland Twp.	0801 — Clayton Bor.	1220 - South Amboy City	1439 – Wharton Bor.	1907 – Fredon Twp.
0211 - Elmwood Park Bor.	0340 — Wrightstown Bor.	0802 — Deptford Twp.	1221 - South Brunswick Twp. 1222 - South Plainfield Bor.	OCEAN COUNTY	1908 - Green Twp.
0212 - East Rutherford Bor.	CAMDEN COUNTY	0803—East Greenwich Twp. 0804—Elk Twp.	1222 - South Plainfield Bor. 1223 - South River Bor.	1501 — Barnegat Twp.	1909 Hamburg Bor.
0213—Edgewater Bor. 0214—Emerson Bor.	0401 — Audubon Bor.	0805—Franklin Twp.	1224 Spotswood Bor.	1502—Barnegat Light Bor.	1910 — Hampton Twp. 1911 — Hardystown Twp.
0215 Englewood City	0402 - Audubon Park Bor.	0806 – Glassboro Bor	1225 – Woodbridge Twp.	1503—Bay Head Bor.	1912 – Hopatcong Bor.
0216 - Englewood Cliffs Bor.	0403—Barrington Bor.	0807 - Greenwich Twp.		1504 — Beach Haven Bor. 1505 — Beachwood Bor.	1913 – Lafayette Twp.
0217 — Fair Lawn Bor.	0404 – Bellmawr Bor. 0405 – Berlin Bor.	0808 – Harrison Twp. 0809 – Logan Twp.	MONMOUTH COUNTY 1301 - Aberdeen Two.	1506 Berkeley Twp.	1914—Montague Twp. 1915 - Newton Town
0218 – Fairview Bor. 0219 – Fort Lee Bor.	0406 Berlin Twp.	0810 Mantua Twp.	1302 Allenhurst Bor.	1507 — Brick Twp.	1916 Ogdensburg Bor.
0220 - Franklin Lakes Bor.	0407 - Brooklawn Bor.	0811 Monroe Twp.	1303 — Allentown Bor.	1508 — Dover Twp.	1917 Sandyston Twp.
0221 - Garfield City	0408 Camden City 0409 Cherry Hill Twp.	0812 - National Park Bor.	1304 Asbury Park City	1509—Eagleswood Twp. 1510—Harvey Cedars Bor.	1918 Sparta Twp.
0222—Glen Rock Bor. 0223—Hackensack City	0409 — Cherry Hill Twp. 0410 — Chesilhurst Bor.	0813 – Newfield Bor. 0814 – Paulsboro Bor.	1305 Atlantic Highlands Bor. 1306—Avon-by-the-sea Bor.	1511—Island Heights Bor.	1919 – Stanhope Bor. 1920 – Stillwater Twp.
0224—Harrington Park Bor.	0411 — Clementon Bor.	0815 — Pitman Bor.	1307 — Belmar Bor.	1512-Jackson Twp.	1921 — Sussex Bor.
0225 - Hasbrouck Heights Bor.	0412—Collingswood Bor.	0816 - South Harrison Twp.	1308 - Bradley Beach Bor.	1513—Lacey Twp	1922 - Vernon Twp.
0226—Haworth Bor.	0413—Gibbsboro Bor. 0414—Gloucester City	0817 - Swedesboro Bor. 0818 - Washington Twp.	1309 - Brielle Bor.	1514—Lakehurst Bor. 1515—Lakewood Twp.	1923 – Walpack Twp.
0227 – Hillsdale Bor. 0228 – Hohokus Bor.	0415—Gloucester Twp.	0819—Wenonah Bor	1310 – Colts Neck Twp. 1311 Deal Bor.	1516—Lavellette Bor.	1924—Wantage Twp.
0229 – Leonia Bor.	0416 - Haddon Twp.	0820 - West Deptford Twp.	1312—Eatontown Bor.	1517—Little Egg Harbor Twp.	UNION COUNTY
0230 — Little Ferry Bor.	0417—Haddonfield Bor.	0821 – Westville Bor.	1313 - Englishtown Bor.	1518 - Long Beach Twp.	2001 – Berkeley Heights Twp.
0231 — Lodi Bor.	0418 Haddon Heights Bor 0419—Hi Nella Bor.	0822 – Woodbury City 0823 – Woodbury Heights Bor.	1314 – Fair Haven Bor. 1315 – Farmingdale	1519 – Manchester Twp. 1520 – Mantoloking Bor.	2002 — Clark Twp. 2003 — Cranford Twp.
0232 – Lyndhurst Twp. 0233 – Mahwah Twp.	0420—Laurel Springs Bor.	0824 — Woodwich Twp.	1316—Freehold Bor.	1521 — Ocean Twp.	2004—Elizabeth City
0234 — Maywood Bor.	0421 — Lawnside Bor.	·	1317 Freehold Twp.	1522 – Ocean Gate Bor.	2005 - Fanwood Bor.
0235 - Midland Park Bor.	0422 – Lindenwold Bor.	HUDSON COUNTY	1318—Hazlet Twp.	1523—Pine Beach Bor. 1524—Plumsted Twp.	2006 – Garwood Bor. 2007 – Hillside Twp.
0236 – Montvale Bor. 0237 – Moonachie Bor.	0423 – Magnolia Bor. 0424 – Merchantville Bor	0901 – Bayonne City 0902 – East Newark Bor.	1319—Highlands Bor. 1320—Holmdel Twp.	1524—Plumsted Twp. 1525—Pt. Pleasant Bor.	2007 — Hillside Twp. 2008 — Kenilworth Bor.
0238 – New Milford Bor.	0425-Mt. Ephraim Bor.	0903 — Guttenburg Town	1321 — Howell Twp.	1526 - Pt Pleasant Beach Bor.	2009—Linden City
0239 - North Arlington Bor.	0426 - Oaklyn Bor.	0904 - Harrison Town	1322 – Interlaken Bor	1527 - Seaside Heights Bor.	2010—Mountainside Bor.
0240 - Northvale Bor.	0427 – Pennsauken Twp. 0428 – Pine Hill Bor.	0905 – Hoboken City	1323 – Keansburg Bor.	1528 - Seaside Park Bor. 1529 - Ship Bottom Bor.	2011 – New Providence Bor. 2012 – Plainfield City
0241 — Norwood Bor. 0242 — Oakland Bor.	0429 - Pine Valley Bor.	0906 – Jersey City City 0907 – Kearny Town	1324 – Keyport Bor. 1325 – Little Silver Bor.	1530 – South Toms River Bor.	2013 - Rahway City
0243 Old Tappan Bor.	0430—Runnemede Bor.	0908 – North Bergen Twp.	1326 - Loch Arbour Village	1531 — Stafford Twp.	2014 - Roselle Bor.
0244 Oradell Bor.	0431 — Somerdale Bor.	0909 - Secaucus Town	1327—Long Branch City	1532—Surf City Bor. 1533—Tuckerton Bor.	2015 - Roselle Park Bor.
0245 Palisades Park Bor. 0246 Paramus Bor.	0432 – Stratford Bor. 0433 – Tavistock Bor.	0910 – Union City City 0911 – Weehawken Twp.	1328 – Manalapan Twp. 1329 – Manasquan Bor.	1933— LUCKERON BOF.	2016 - Scotch Plains 2017 - Springfield Twp.
0246 – Paramus Bor. 0247 – Park Ridge Bor.	0434 – Voorhees Twp.	0912 – Weenawken Twp.	1330 - Marlboro Twp.	PASSAIC COUNTY	2018 - Summit City
0248 - Ramsey Bor.	0435 - Waterford Twp.		1331 — Matawan Bor.	1601 - Bloomingdale Bor.	2019—Union Twp.
0249 Ridgefield Bor.	0436 — Winslow Twp. 0437 — Woodlynne Bor.	HUNTERDON COUNTY	1332 – Middletown Twp.	1602 – Clifton City	2020 - Westfield Twp.
0250 – Ridgefield Park Village 0251 – Ridgewood Village	-100 - 1100 Uylille Dur.	1001 – Alexandria Twp. 1002 – Bethlehem Twp.	1333—Milistone Twp. 1334 Monmouth Beach Bor.	1603 – Haledon Bor. 1604 – Hawthome Bor.	2021 — Winfield Twp.
0251 — Riveredge Bor.	CAPE MAY COUNTY	1003 — Bloomsbury Bor.	1335 – Neptune Twp.	1605 – Little Falls Twp.	WARREN COUNTY
0253 — Rivervale Twp.	0501 - Avalon Bor.	1004 Califon Bor.	1336 - Neptune City Bor.	1606 - North Haledon Bor.	2101 - Allamuchy Twp.
0254 - Rochelle Park Twp.	0502—Cape May City 0503—Cape May Point Bor.	1005 — Clinton Town	1337 – Ocean Twp.	1607 Passaic City 1608—Paterson City	2102 – Alpha Bor. 2103 – Belvidere Town
0255—Rockleigh Bor. 0256 Rutherford Bor.	0504 – Dennis Twp.	1006 – Clinton Twp. 1007 – Delaware Twp.	1338—Oceanport Bor. 1339—Red Bank Bor.	1609—Pompton Lakes Bor.	2104 Blairstown Twp.
0257 — Saddle Brook Twp.	0505—Lower Twp.	1007 – Detaware Twp. 1008 – East Amwell Twp.	1340 – Roosevelt Bor.	1610 Prospect Park Bor.	2105-Franklin Twp.
0258 - Saddle River Bor	0506 Middle Twp.	1009 - Flemington Bor.	1341 — Rumson Bor.	1611—Ringwood Bor.	2106 – Frelinghuysen Twp.
0259 - South Hackensack Twp.	0507 — North Wildwood City 0508 — Ocean City City	1010 Franklin Twp. 1011 Frenchtown Bor	1342 — Sea Bright Bor.	1612 – Totowa Bor. 1613 – Wanague Bor.	2107—Greenwich Twp. 2108—Hackettstown Town
0260 — Teaneck Twp. 0261 — Tenaffy Bor.	0509 — Sea Isle City City	1011 — Frenchtown Bor 1012 — Glen Gardner Bor.	1343—Sea Girl Bor. 1344—Shrewsbury Bor.	1614 Wayne Twp.	2109—Hardwick Twp.
0262 — Teterboro Bor.	0510 - Stone Harbor Bor.	1013—Hampton Bor.	1345—Shrewsbury Twp.	1615—West Milford Twp.	2110—Harmony Twp.
0263 - Upper Saddle River Bor.	0511 — Upper Twp.	1014 - High Bridge Bor.	1346 – South Belmar Bor.	1616—West Paterson Bor.	2111 - Hope Twp. 2112—Independence Twp.
0264 – Waldwick Bor. 0265 – Wallington Bor.	0512—West Cape May Bor. 0513—West Wildwood Bor.	1015—Holland Twp. 1016—Kingwood Twp.	1347—Spring Lake Bor. 1348—Spring Lake Heights Bor.	SALEM COUNTY	2112—Independence Iwp. 2113—Knowiton Twp.
0265 - Wallington Bor. 0266 - Washington Twp.	0514—Wildwood City	1016—Kingwood Iwp. 1017—Lambertville City	1349—Spring Lake Heights Bor. 1349—Tinton Falls Bor.	1701 — Alloway Twp.	2114—Liberty Twp.
0267 - Westwood Bor.	0515—Wildwood Crest Bor.	1018—Lebanon Bor.	1350 – Union Beach Bor.	1702—Carneys Point Twp.	2115—Lopatcong Twp.
0268 – Woodcliff Lake Bor.	0516—Woodbine Bor.	1019—Lebanon Twp.	1351 — Upper Freehold Twp.	1703 – Elmer Bor.	2116—Mansfield Twp. 2117—Oxford Twp.
0269 — Wood-Ridge Bor. 0270 — Wyckaff Twp.	CUMBERLAND COUNTY	1020 Milford Bor. 1021 Raritan Twp.	1352—Wall Twp. 1353—West Long Branch Bor.	1704 — Elsinboro Twp. 1705 — Lower Alloways Creek Twp.	2118—Pahaquarry Twp.
THE THICKOIL INC.	0601 - Bridgeton City	1022 - Readington Twp.	•	1706—Mannington Twp.	2119—Phillipsburg Town
BURLINGTON COUNTY	0602—Commercial City	1023 - Stockton Bor.	MORRIS COUNTY	1707 - Oldmans Twp.	2120 - Pohatcong Twp.
0301 - Bass River Twp.	0603 — Deerfield Twp.	1024 – Tewksbury Twp.	1401 Boonton Town	1708 Penns Grove Bor.	2121 — Washington Bor 2122 — Washington Two.
			1401 – Boonton Town 1402 – Boonton Twp. 1403 – Butler Bor.	1708 Penns Grove Bor. 1709 Pennsville Twp. 1710 Pilesgrove Twp.	2121 — Washington Bor 2122 — Washington Twp. 2123 — White Twp.

Repeal and New Rule, R.1997 d.85, effective February 18, 1997. See: 28 N.J.R. 5030(a), 29 N.J.R. 551(a).

APPENDIX B

AMORTIZATION FORMULA

The Fund shall evaluate the cost effectiveness of modifications to a residence and shall establish an amortization schedule based on information submitted to the Fund by the insurer. The insurer shall file with the Fund the information in categories (a) through (d) below. This information shall be accompanied by the documentation which supports the information in those categories. The factors which shall be considered by the Fund include:

- (a) Cost of modifications;
- (b) Annual cost of home care, including but not limited to, nursing care, therapy, transportation for medical treatment and medical supplies;
 - (c) Life expectancy of the injured person;
 - (d) Annual cost of other residential care alternatives;
 - (e) Monthly amount amortized; and
 - (f) Term of amortization in months.
 - 1. The formula which the Fund shall evaluate to determine the cost effectiveness of requested home modifications is as follows:

$$(a + (b \times c)) < (d \times c)$$

The Fund shall only approve modifications where the above formula applies.

2. The formula to determine the amount to be amortized monthly is as follows:

$$(d - b)/12 = e$$

3. The formula to determine the term of the amortization schedule is as follows:

$$a/e = f$$

The following examples demonstrate how the formulas shall be applied:

	Example One	Example Two	Example Three
Cost of Modifications	100,000	100,000	100,000
Annual Cost of Home Care	60,000	6,000	60,000
Life Expectancy of Injured Par-			
ty	30	10	20
Annual Cost of Other Residen-			
tial Care Alternatives	84,000	120,000	60.000
Cost Effective Formula	,	,	
Cost for Home Care	1,900,000	160,000	1,300,000
Cost for Alternative Care	2,520,000	1,200,000	1,200,000
Is Home Modification Cost Ef-	•	, ,	
fective?	Yes	Yes	No
Amortization Schedule			
Amount Amortized Monthly	\$2,000	\$9,500	
Term of Amortization	50 months	11 months	

UCJF FILE NUMBER:____

APPENDIX B ITEM 1

UNSATISFIED CLAIM AND JUDGMENT FUND

INSTRUCTION SHEET

Enter appearance for	
OBTAIN PROOF OF SERVICE ON ALL NAME	
Proceed with immediate discovery. Serve SPE	
Schedule depositions and/or IME if indicated.	Obtain conformed copy of cancellation notice.
Move to dismiss improper defendants:	Commissioner of Insurance Director of Motor Vehicles UCJF
PIP not payable: LATE NOTICE OUT OF STATE VE COMMERCIAL VEH OTHER	
Claimant ineligible, not a resident of New Jer	sey.
Determine if carrier notified Taxi Commission	of cancellation of policy
NOTICE OF INTENTION not sufficiently complete.	ete to qualify as a timely filing.
File CIB Obtain Police Report	Obtain Medical Reports
Obtain signed statement of uninsured.	
Obtain settlement agreement.	Contract witness(es)
Contact claimant's employer for possible healt efits.	h insurance coverage and Temporary Disability Ben-
Rule out vehicle ownership in household.	
Obtain the names, dates of birth and driver's	license numbers of all household residents.
Other:	
APPENDIX B ITEM 2	ACCIDENT DESCRIPTION:
THIS FORM IS A FORMAT AND NOT TO BE USED IN SUBMITTING REPORTS TO THE FUND.	<u>LIABILITY:</u>
IN SUBMITTING REPORTS TO THE FUND	WITNESSES:
60 DAY REPORT	POLICE INVOLVEMENT:
UCJ # DATE	INJURIES:
CLAIMANT: SS# AGE	EXPENSES:
CLAIMANT'S ATTORNEY:	ADJUSTER'S RECOMMENDATION:
ELIGIBILITY OF CLAIMANT:	WORK TO BE DONE:
UNINSURED:	COMPANY/CARRIER
ASSIGNED ATTORNEY:	ADJUSTER
ASSIGNED ATTORNEY'S ACTIVITY:	CLAIM #

APPENDIX B ITEM 3

THIS FORM IS A FORMAT AND NOT TO BE USED IN SUBMITTING REPORTS TO THE FUND

6 MONTH SUMMARY REPORT

<u>UCJ #</u>				DATE			
	SS#		AGE				
CLAIMANT(S):							
CLAIMANT'(S) ATTORNEY:							
UNINSURED:							
ATTORNEY ASSIGN	ED:						
COMPANY ASSIGNE	<u>ED:</u>			CLAIM #			
D/A: TIME:		PLAC	CE OF A	CCIDENT:			
SUIT: COUR	<u>'T:</u>	COU	NTY:				
ELIGIBILITY OF CL	AIMANT(S	<u>S):</u>					
DESCRIPTION OF A	CCIDENT	<u>:</u>					
LIABILITY:							
WITNESSES DESCRI	PTION:						
POLICE DESCRIPTION	<u>ON:</u>						
DESCRIPTION OF IN	JURIES:						
UP TO DATE LIST O	F MEDIC	AL EX	PENSES				
CARRIER'S RECOM	MENDAT	ION:					
ASSIGNED ATTORNEY'S RECOMMENDATION:							
WORK TO BE DONE:							
ADJUSTER							
PHONE #							
New Rule, R.1994 d.597, effective December 5, 1994. See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).							
APPENDIX C							

UNSATISFIED CLAIM AND JUDGMENT FUND RECOVERY CERTIFICATION

Injured Party:
Date of Loss:
Carrier:
Carrier Claim Number:
EMB File Number:
Amount Requested: \$
I, am the of
(Name of Affiant) (Title) (Name of Insurer)
seeking reimbursement for Personal Injury Protection excess
medical benefits paid by the Insurer on behalf of the above
listed injured party. I hereby certify that I am authorized to file
this certification on behalf of the insurer

I further certify that this Insurer has not received, from any source, reimbursement, contribution, or indemnification of the PIP excess medical benefits paid by the Insurer on behalf of the above listed injured party and for which reimbursement is sought from the UCJF.

I further certify that this Insurer has either (i) prosecuted or is prosecuting an action, including by agreement or arbitration in matters subject to N.J.S.A. 39:6A–9.1, against all potentially responsible tortfeasors, or (ii) examined the documents and considered the factors set forth at N.J.A.C. 11:3–28.13(c), and determined not to prosecute an action.

I further certify that the forgoing statements are true and correct to the best of my information, knowledge and belief, and that the UCJF may rely on this Certification in determining to provide reimbursement of PIP excess medical expense benefit payments. I am also aware that if any of the foregoing statements made by me are false, the UCJF shall be entitled to discontinue reimbursements on this claim and recover any reimbursements already made to the insurer on this claim pursuant to N.J.A.C. 11:3–28.13(a)2.

Date	Signature	
	Name and Title (print)	
	Telephone Number	

New Rule, R.2001 d.151, effective May 7, 2001. See: 32 N.J.R. 3714(a), 33 N.J.R. 1389(a).

SUBCHAPTER 28A. (RESERVED)

Subchapter Historical Note

Subchapter 28A, Unsatisfied Claim and Judgement Fund Assessments. was repealed by R.2003 d.501, effective December 15, 2003. See: 35 N.J.R. 3259(a), 35 N.J.R. 5615(a).

11:3-28A.1 Purpose and scope

- (a) This subchapter sets forth the procedures for the assessment of insurers authorized or admitted to transact private passenger or commercial automobile liability insurance in this State pursuant to N.J.S.A. 39:6–63.
- (b) This subchapter shall apply to all insurers authorized or admitted to transact private passenger or commercial automobile liability insurance in this State pursuant to N.J.S.A. 17:17–1 et seq. or 17:32–1 et seq., as applicable. This subchapter shall not apply to surplus lines insurers that are eligible to write business pursuant to N.J.S.A. 17:22–6.40 et seq.

11:3-28A.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

- (e) Qualified producers shall not accept multiple applications from the same applicant. The producer shall not submit an application on behalf of an applicant that has applied to the voluntary rating tier within the immediately preceding 30 days.
- (f) The PAIP may apportion the number of exposures that may be written among UEZ agents and qualified producers. Such apportionment shall be based on the number of UEZ agents and qualified producers, the number of exposures available to be distributed, and the limit on the number of exposures that may be written through the voluntary rating tier.
- (g) The PAIP shall reject and not distribute any risk produced from a UEZ agent or qualified producer that fails to satisfy the requirements of N.J.A.C. 11:3–46.7.

11:3-46.12 PAIP Plan of Operation

- (a) The PAIP shall develop any amendments or supplements to the PAIP Plan of Operation as may be necessary or appropriate to provide for the implementation of N.J.A.C. 11:3–46.6, 46.7, 46.8, 46.9, 46.10, and 46.11. Such amendments or supplements shall be subject to review and approval by the Commissioner pursuant to N.J.A.C. 11:3–2.6.
- (b) The PAIP governing committee shall submit to the Commissioner, for his or her approval, such amendments and supplements to the Plan of Operation no later than July 1, 1998. If the governing committee does not submit amendments or supplements within the time set forth in (a) above, or amendments or supplements acceptable to the Commissioner within 30 days after disapproval of the proposed changes, the Commissioner may promulgate such amendments or supplements and certify same to the governing committee.

11:3–46.13 Reporting requirements

- (a) Each automobile insurer shall report on a quarterly basis its in-force private passenger automobile exposures in UEZs by zip code for the periods ending March 31, June 30, September 30, and December 31. Such reports shall be filed within 10 days of the end of each quarter and shall be in the form set forth in Exhibit C in the Appendix to this subchapter, incorporated herein by reference.
- (b) In addition to (a) above, the Commissioner may from time to time order insurers to file in-force exposure data by zip code for all urban areas, regardless of whether those areas are currently designated as UEZs.
- (c) Reports filed pursuant to this section shall be confidential and shall not be subject to public inspection or copying pursuant to the "Right-to-Know" law, N.J.S.A. 47:1A-1 et seq.

(d) All reports filed pursuant to this section shall be filed with the Department at the following address:

New Jersey Department of Banking and Insurance Office of Property and Casualty PO Box 325 Trenton, NJ 08625-0325

Amended by R.1999 d.218, effective July 19, 1999. See: 31 N.J.R. 920(a), 31 N.J.R. 1927(a). In (a), rewrote the last sentence.

11:3-46.14 Penalties

Zip Code

Town

Failure to comply with this subchapter shall result in the imposition of penalties as authorized by law, including, but not limited to, a penalty up to \$1,000 for a first violation, and up to \$2,000 for each subsequent violation, pursuant to N.J.S.A. 17:33–2; and a fine up to \$25,000, or suspension or revocation of an insurer's certification as a qualified insurer, pursuant to N.J.S.A. 17:33C–3c.

APPENDIX

Exhibit A

County

Territory

Zip Code	TOWII	County	Territory
07302	Jersey City	Hudson	1
07303	Jersey City	Hudson	1
07304	Jersey City	Hudson	1
07305	Jersey City	Hudson	1
07306	Jersey City	Hudson	1
07307.	Jersey City	Hudson	1
07309	Jersey City	Hudson	1
07310	Jersey City	Hudson	1
07311	Jersey City	Hudson	1
07047	N. Bergen	Hudson	1
07087	Union City/Weehawken	Hudson	1
07093	West New York/Guttenberg	Hudson	1
07101	Newark	Essex	2
07102	Newark	Essex	2
07103	Newark	Essex	2
07104	Newark	Essex	2
07105	Newark	Essex	2
07106	Newark	Essex	2
07107	Newark	Essex	2
07108	Newark	Essex	2
07112	Newark	Essex	2
07114	Newark	Essex	2 2 2 2 2 2 2 2 2 2 3 3 3 3
07011	Clifton	Passaic	3
07012	Clifton	Passaic	3
07013	Clifton	Passaic	3
07014	Clifton	Passaic	3
07026	Garfield	Bergen	3
07506	Hawthorne	Passaic	3
07507	Hawthorne	Passaic	3
07424	Little Falls/W. Paterson	Passaic	3
07055	Passaic	Passaic	3
07501	Paterson	Passaic	3
07502	Paterson	Passaic	3
07503	Paterson	Passaic	3
07504	Paterson	Passaic	3
07505	Paterson	Passaic	3
07509	Paterson	Passaic	3
07510	Paterson	Passaic	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
07513	Paterson	Passaic	3
07514	Paterson	Passaic	3
07522	Paterson	Passaic	3
07524	Paterson	Passaic	3

7:m Codo	Town	Country	Territory	Zip Code	Town	<u>c</u>
Zip Code 07533	Town Paterson	County Passaic	3	07018	E. Orange	-
07543	Paterson	Passaic	3	07019	E. Orange	
07544	Paterson	Passaic	3	total 07201	E. Orange Elizabeth	
07057	Wallington		3	07201	Elizabeth	
07037	Elizabeth	Bergen Union	4	07206	Elizabeth	
07201	Elizabeth Elizabeth	Union	4	07207	Elizabeth	
		Union	4	07208 total	Elizabeth Elizabeth	
07206	Elizabeth	Union	4		Exposures f	or
07207	Elizabeth		4	bined	Exposures 1	91
07208	Elizabeth	Union		<u>onica</u>		
08601	Trenton	Mercer	6			
08602	Trenton	Mercer	6			G
08603	Trenton	Mercer	6	All UEZs		
08605	Trenton	Mercer	6			
08607	Trenton	Mercer	6	Calculation	n of Statew	id
08608	Trenton	Mercer	6			
08609	Trenton	Mercer	6			_
08611	Trenton	Mercer	6	total in-force		$\frac{G}{2}$
08618	Trenton	Mercer	6	less UEZs		_
08629	Trenton	Mercer	6			2
08638	Trenton	Mercer	6	market share		-
08030	Gloucester	Camden	7			
08101	Camden	Camden	7	Calculation	n of Individ	lu
08102	Camden	Camden	7			_
08103	Camden	Camden	7	UEZ share		G
08104	Camden	Camden	7	OEZ share		
08105	Camden	Camden	7	Calculatio	n of Individ	1
08861	Perth Amboy	Middlesex	8	Calculation	on or marvic	ıu
08862	Perth Amboy	Middlesex	8			
08401	Atlantic City	Atlantic	19	UEZ in-force	:	
07109	Belleville	Essex	22	UEZ Share		
07111	Irvington	Essex	22	Total Shortfa	ili	
07017	E. Orange	Essex	38			
07018	E. Orange	Essex	38			•
07019	E. Orange	Essex	38			
07050	Orange City	Essex	38	UEZ C	UARTE	3
07051	Orange City	Essex	38		REQ	
07061	Plainfield	Union	39		KEQ	, C
07062	Plainfield	Union	39	C	NT	
07063	Plainfield	Union	39	Compan	y Name _	_
08901	New Brunswick	Middlesex	40	NAIĈ#		
08903	New Brunswick	Middlesex	40 40	Report 1	or Quarte	r
08903	New Brunswick	Middlesex	40 40	199		
00900	INEW DIGHISMICK	Middlesex	40	Number	of Compa	ın

Exhibit B

Calculation of UEZ Shares:

- 1. In-Force Exposures reported by zip code are combined for individual companies that are part of a group. Also, the in-force exposures reported for individual zip codes are combined for all UEZs.
- 2. The "Statewide Market Share" for an automobile insurer is calculated by dividing the total number of in-force exposures reported on the quarterly in-force report minus the total number of exposures in UEZs as of September 30 by the total number of in-force exposures in
- 3. The "Individual UEZ Share" is the number of exposures a company or group should be writing in all UEZs combined. The Individual UEZ Share is calculated by multiplying an automobile insurer's statewide market share times the total number of exposures in all the UEZ's.
- 4. Each automobile insurer's "Individual UEZ Shortfall" is calculated by subtracting the number of its in-force exposures in all UEZs from its Individual UEZ share. A negative number indicates that the company exceeded its statewide market share in that UEZ. Example:
- To illustrate how these calculations are made, the example below uses two automobile insurers. Group A consists of Company 1 and Company 2. Company B is a single company. Two municipalities, E. Orange and Elizabeth, are used in the example to represent all UEZs. In-Force Exposures Reported to Department

			roup A		
Zip Code	Town	Company 1	Company 2	Group Atotal	Company B
07017	E. Orange	91	7	98	38

		_		_	_	_			_
Zip Code	Town	<u>C</u>	ompany 1	Comp		<u>G</u>	roup Atota	al Con	npany B
07018	E. Orange		39	1	10		49		24
07019	E. Orange		4		6		10		8
total	E. Orange						157		70
07201	Elizabeth		4		6		10		78
07202	Elizabeth		71	1	13		84		253
07206	Elizabeth		114	1	13		127		61
07207	Elizabeth		14		0		14		136
07208	Elizabeth		7		2		9		125
total	Elizabeth						244		653
In-Force	Exposures	for	Individual	Zip	Code	and	Insurer	Groups	Com-

Total In-Force Group A 401 Company B 723 Exposures in UEZ 60,000

de Market Share

			Total In-Force
	Group A	Company B	Exposures in State
total in-force	242,000	49,000	4,400,000
less UEZs	401	723	
	241,599	48,277	
market share	5.51%	1.10%	

ual UEZ Shares

	Group A	Company B		
UEZ share	3.295	658		

ual UEZ Shortfalls

	Group A	Company B
UEZ in-force	401	723
UEZ Share	3,295	658
Total Shortfall	2,894	- 65

Exhibit C

LY IN-FORCE EXPOSURE REPORT UIRED BY N.J.A.C. 11:3-4

Company NameNAIC #	Group #
Number of Companies Repo	orting in Group
Telephone/e-mail	

UZAR Voluntary Assigned Total In-Force In-Force In-Force Exposures xposures

		111 1 0100	***
Zip Code	<u>UEZ</u>	Exposures	Ex
07011	Clifton		
07012	Clifton		
07013	Clifton		
07014	Clifton		
07017	E. Orange		
07018	E. Orange		
07019	E. Orange		
07026	Garfield		
07047	N. Bergen		
07050	Orange City		
07051	Orange City		
07055	Passaic		
07057	Wallington		
07061	Plainfield		
07062	Plainfield		
07063	Plainfield		
07087	Union City/Weehawken		
07093	West New York/ Gutten-		
	berg		
07101	Newark		
07102	Newark		
07103	Newark		
07104	Newark		
07105	Newark		
07106	Newark		
07107	Newark		

Zip Code 07108 07109 07111 07112 071114 07201 07202 07206 07207 07208 07302 07303 07304 07305 07306 07307 07309 07311 07424 07501 07502	UEZ Newark Belleville Irvington Newark Newark Elizabeth Elizabeth Elizabeth Elizabeth Elizabeth Jersey City	Voluntary In-Force Exposures	UZAR Assigned In-Force Exposures	Total In-Force Exposures	Zip Code 07533 07544 08030 08101 08102 08103 08104 08105 08401 08602 08603 08605 08607 08608 08609 08611 08618 08629 08638 08638	UEZ Paterson Paterson Paterson Gloucester Camden Camden Camden Camden Camden Camten Atlantic City Trenton	Voluntary In-Force Exposures	UZAR Assigned In-Force Exposures	Total In-Force Exposures
07504	Paterson				08901	New Brunswick			
07505	Paterson				08903	New Brunswick			
07506 07507	Hawthorne Hawthorne				08906	New Brunswick Total			
07507	Paterson					Total			
07510	Paterson								
07513	Paterson Amended by R.1999 d.218, effective July 19, 1999.								
07514	Paterson				See: 31 N.J.R. 920(a), 31 N.J.R. 1927(a).				
07522	Paterson In Exhibit A, inserted references to the towns of Perth Amboy and				mboy and				
07524	Paterson				Plainfield	and added Exhibit C.			