



COMMONWEALTH AUTOMOBILE REINSURERS

100 SUMMER STREET - BOSTON, MASSACHUSETTS 02110

TEL: 617-338-4000 FAX: 617-338-5422 www.commauto.com

RALPH A. IANNACO
President

MICHAEL J. TROVATO
Executive VP & Treasurer

May 3, 2002

ACCOUNTING AND STATISTICAL NOTICE NO. 369

First Quarter 2002 Quarterly Massachusetts Automobile Reconciliation

In accordance with the 2002 Call Schedule published in Accounting and Statistical Notice No.360, dated January 28, 2002, a copy of each company's Massachusetts Automobile Period Ending March 31, 2002 Quarterly Statement totals must be received at CAR no later than June 17, 2002. However, companies are encouraged to submit their statements earlier, if possible.

Please complete and return the attached forms and attach the copy(ies) of your company's source document for this information. As outlined in Accounting and Statistical Notice No. 147, October 17, 1991, companies are required to provide CAR with information relative to the volume of business which is reported in the **Page 15 (NAIC has Massachusetts as Page 24 now)** totals of the Annual Statement, but not statistically reported to CAR. This should include any coverages that have been written during the calendar year and not specified in the Massachusetts Automobile Statistical Plans. Some common examples include umbrella premium, excess coverage, risk management business, and mechanical breakdown programs. **Companies are required to provide all applicable information on the second form along with a description of the coverages included in the totals. The first form should continue to include totals as reported on your annual statement, which should include both statistically reportable and non-reportable coverages.** For group companies, a separate form and copy of the Page 15 if available, must be returned for each company within the group licensed to write Massachusetts Automobile Insurance.

INSTRUCTIONS: Please fill in the name of your company(ies), CAR's company number, and the Premium, Dividends, and Loss figures, along with the type(s) of coverage included in these figures on the forms. Please note that these figures should be **YEAR-TO-DATE** for the period indicated. The first form should reflect **both statistically reportable and non-reportable coverage totals** coverage totals while the second form reflects non-reportable coverages only. All information should be typed. DO NOT combine totals from more than one Annual Statement onto a single form. A form must be submitted for a company(ies) whose Annual Statement figures are zero.

CAR will compare the totals derived from the data reported in the company's January through March 2002 monthly accounting and statistical submissions to the statistically reportable totals calculated through this report for each company. A printed report displaying this reconciliation will be provided to each company. If the difference between statement totals and the statistically reported totals is greater than ± 5 percent, a written explanation must be submitted to CAR within 30 business days from the date that CAR mailed the reconciliation to the company. Further corrective actions may also be required. If you have any questions, please contact me at (617) 880-2381.

LISA TRAYNHAM
Data Analyst

MASSACHUSETTS AUTOMOBILE PREMIUMS, DIVIDENDS AND LOSSES
FOR THE PERIOD ENDING MARCH 31, 2002

NAME OF COMPANY:

CO. CODE NUMBER

A.S. Line	Line of Business	Premiums Written	Premiums Earned	Dividends Paid	Losses Paid
19.1	P.P. No-Fault				
19.2	P.P. Liability				
19.3	Comm. No-Fault				
19.4	Comm. Liability				
21.1	P.P. PhysDamage				
21.2	Comm. PhysDamage				

Please sign this completed form below, an attach a copy of the appropriate quarterly statement and return no later than June 17, 2002 to:

Lisa Traynham
Data Analyst
Commonwealth Automobile Reinsurers
100 Summer Street
Boston, MA 02110

Signature of Company Official

Date

Address of Company

Person to Contact for Problems

Telephone Number

MASSACHUSETTS AUTOMOBILE PREMIUMS, DIVIDENDS AND LOSSES
FOR THE PERIOD ENDING MARCH 31, 2002*

STATISTICALLY NON-REPORTABLE COVERAGE TOTALS ONLY

NAME OF COMPANY:

CO. CODE NUMBER

A.S. Line	Line of Business	Premiums Written	Premiums Earned	Dividends Paid	Losses Paid
19.1	P.P. No-Fault				
19.2	P.P. Liability				
19.3	Comm. No-Fault				
19.4	Comm. Liability				
21.1	P.P. PhysDamage				
21.2	Comm. PhysDamage				

Coverage Description: _____

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