



# 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

February 5, 2003

## ACCOUNTING AND STATISTICAL NOTICE NO. 382

### Calendar Quarter 2002 Quarterly Massachusetts Automobile Reconciliation

In accordance with the 2003 Call Schedule published in Accounting and Statistical Notice No. 378, dated January 13, 2003, a copy of each company's Massachusetts Automobile Period Ending December 31, 2002 Quarterly Statement totals must be received at CAR no later than March 17, 2003. However, companies are encouraged to submit their statements earlier, if possible. **Note: CAR will assess a \$50 per day penalty fee on any late returns.**

Please complete and return the attached forms and attach a copy(ies) of your company's source document for this information. Furthermore, please be advised that CAR has developed a new Annual Statement Reconciliation System that will replace the current system. Companies will no longer provide their Page 15 data via the attached form, but will instead provide a copy of their electronic NAIC filing (diskette, CD-Rom, or internet submission) to CAR. The 4<sup>th</sup> Quarter 2002 reconciliation process will be used as a parallel test, in that companies are requested to provide both an electronic filing and the attached forms. It is anticipated that this will be the last quarter that companies will need to submit these forms. Detailed information about the new system and process will be published in a separate notice in the near future.

CAR will compare the totals derived from the data reported in the company's January through December 2002 monthly accounting and statistical submission to the statistical reportable totals calculated through this report for each company. Due to the parallel test that will be run this quarter, either a printed report will be distributed or a report on CAR's website will be available which will display the results of the reconciliation. If the difference between the statement totals and the statistically reported totals is greater than  $\pm 5$  percent, a written explanation must be submitted to CAR within 30 business days from the date that CAR notified the company of the reconciliation results. Further corrective action may also be required.

As outlined in Accounting and Statistical Notice No. 147, dated October 17, 1991, companies are required to provide CAR with information relative to the volume of business which is reported in the Page 15 totals of the Annual Statement, but not statistically reported to CAR. This should include any coverage that has 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 coverage 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 coverage.** 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(s) of your company(ies), CAR company code number(s) (not Group No.), 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 while the second form reflects non-reportable coverage 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.

If you have any questions, please contact the undersigned at (617) 880-2381.

LISA TRAYNHAM  
Data Analyst

Attachments

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

**STATISTICALLY NON-REPORTABLE COVERAGE TOTALS ONLY**

NAME OF COMPANY:

COMPANY 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. Phys. Damage  |                  |                 |                |             |
| 21.2      | Comm. Phys. Damage |                  |                 |                |             |

**Coverage Description:** \_\_\_\_\_

Please sign this completed form below, and attach a copy of the appropriate quarterly statement.

Please return no later than March 17, 2003 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 **DECEMBER 31, 2002\***

NAME OF COMPANY:

COMPANY 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. Phys. Damage  |                  |                 |                |             |
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Please return no later than March 17, 2003 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

**\*Please note any overdue Annual Statement Page 15 totals and written explanations for differences greater than +/- 5 percent are subject to the provisions of the Penalty Fee Program as outlined in the Massachusetts Automobile Statistical Plan, Part VI.**