

Exhibit A

SUBMISSION DATE: MM/DD/YYYY

NEW JERSEY AUTOMOBILE INSURANCE RISK EXCHANGE  
FORM 4  
NOTIFICATION OF COMPILED FIGURES REPORT

PAGE: 0001

COMPANY: ####

ACCOUNT DATE: 6/2011

FOR ISO USE ONLY:

TYPE OF RECORD: N

RESUBMISSION NO.: 00

ACCIDENT YEAR: 2011

BASIS: CLAIMANT

CONVERSION FACTOR:

TERRITORY	ZERO DOLLAR EXPOSURES	VERBAL EXPOSURES	ZERO DOLLAR BI CLAIMANTS	VERBAL BI CLAIMANTS	REPORTABLE LOSS AMOUNT	REPORTABLE CLAIMANTS	ALLOCATED LAE	UNALLOCATED LAE	COMBINED LAE	CALCULATED ASSESSMENT CHARGE
001	100	1,200	0	1	0	0	0	0	0	\$ 9,000
TOTAL	100	1,200	0	1	0	0	0	0	0	\$ 9,000