

New Jersey Automobile Insurance Risk Exchange

P.O. Box 712, Stockholm, New Jersey 07460
(973) 209-4781

December 13, 2010

To: NJAIRE Member Companies with No Data to Report

NJAIRE 2011 ANNUAL LETTER - ABBREVIATED VERSION

By statute, as an insurer licensed to write private passenger auto insurance in New Jersey, you are automatically a member of the New Jersey Automobile Insurance Risk Exchange (NJAIRE), and are subject to its requirements.

If your company doesn't write any such business, there are only three requirements you must satisfy:

1. Submission of the NJAIRE Response Form (Exhibit 1). The form has two response boxes. Box 1 should be checked if your company expects to report no data for the 2011 account period. Box 2 should be used if during the year you begin to write automobile policies that are subject to NJAIRE's reporting requirements.

Please note that this form must be received by ISO by February 15, 2011. Quarterly statistics will be expected if this form is not submitted. Failure to submit quarterly statistics on schedule will result in late submission charges of \$50 per working day.

2. Submission of the Statement of Compliance (Exhibit 2) by **March 31, 2011** for the 2010 reporting year and March 31, 2012 for the 2011 reporting year. It should be prepared on company letterhead, and sent to:

Michael McAuley (17-2)
Insurance Services Office, Inc.
545 Washington Boulevard
Jersey City, NJ 07310


3. Submission of the Company Response Form (Exhibit 3) by **February 15, 2011**. The contact person will receive all relevant NJAIRE communications depending on your company's reporting status.

If your company begins to write such business, it must notify the NJAIRE Central Processor and comply with the full set of NJAIRE reporting and financial requirements. These requirements are contained in the NJAIRE Plan of Operations and the NJAIRE Procedure Manual. These documents and other information about NJAIRE can be found at the NJAIRE website, www.njaire.org. NJAIRE Central Processor staff is also available to discuss and explain these requirements.

If you have any questions or concerns about the above please contact:

Michael McAuley (17-2)
Insurance Services Office, Inc.
545 Washington Boulevard
Jersey City, NJ 07310
(201) 469-2323
mmcauley@iso.com

Sincerely,

A handwritten signature in black ink, appearing to read "Donald E. Foth". The signature is fluid and cursive, with a large initial "D" and "F".

Donald E. Foth
General Manager
gmanager@njair.org

NJAIRE RESPONSE FORM

Indicate (X) which option you are choosing and provide the necessary information.

- _____ 1. We anticipate having no data to report for the NJAIRE Call for Statistics for the year indicated below:

First Quarter - Fourth Quarter 2011

This form is due by February 15 of the year indicated above.

- _____ 2. We are submitting quarterly statistics as of the quarter indicated below:

_____ Quarter 2011

This form should accompany the first quarterly submission.

Please complete the following:

Contact Person: _____

Title: _____

Company/Group Name: _____

Company/Group Number: N/A _____

Address: _____

E-mail Address

Telephone Number: _____

Mail to: Michael McAuley
Business Associate
ISO
545 Washington Blvd. (17-2)
Jersey City, NJ 07310

Note: Please make copies of this form for use as needed.

NEW JERSEY AUTOMOBILE INSURANCE RISK EXCHANGE

STATEMENT OF COMPLIANCE

(To be completed by the company's Chief Financial Officer, or the officer responsible for NJAIRE reporting, no later than 90 days after the close of the fourth calendar quarter.)

During the course of the (prior year) calendar/fiscal year, (Company's Name) has conducted various financial and operational reviews. These reviews included the operations of (Company's Name) as they relate to the New Jersey Automobile Insurance Risk Exchange. Corrective action has been taken on any findings of a significant or material nature.

Based on the results of our reviews, and any corrective action taken, it is our opinion that (Company's Name) operations are in substantial compliance with the requirements of the New Jersey Automobile Insurance Risk Exchange Procedure Manual.

Sincerely,

Date

Signature

Print Name

Title

NEW JERSEY AUTOMOBILE INSURANCE RISK EXCHANGE

COMPANY RESPONSE FORM

Company: _____

Company No: _____

Primary AIRE Contact Person:

Name: _____

Address: _____

E-Mail Address _____

Telephone: _____

Additional AIRE Contact Person:

Name: _____

Address: _____

E-Mail Address _____

Telephone: _____

Return to: Michael McAuley
Business Associate
ISO
545 Washington Blvd. (17-2)
Jersey City, NJ 07310