FORM A

STATE OF NEW JERSEY - DEPARTMENT OF BANKING AND INSURANCE

COMPANY _____ GROUP _____

NAIC NUMBER _____ GROUP NUMBER _____

TOTAL NUMBER AUTOMOBILES WITH COVERAGE IN FORCE AS OF MONTH, DAY, YEAR

Rating Territory	Named Driver Exclusion	Medical Exp Only	%	$250 Ded	%	$500 Ded	%	$1,000 Ded	%	$2000 Ded	%	$2,500 Ded	%	Excess of $250,000	%	Health Primary	%	Auto Primary	%	Lawsuit Threshold	%	No Threshold	%
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31																							
38																							
39																							
40																							
Totals	0	0		0		0		0		0		0		0		0		0		0		0	