

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/04	Policy Expiration Date 12/01/05	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/05	Rate Effective Date 09/01/05	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01							

EXPOSURE INFORMATION

LOSS INFORMATION

*Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd. State	Cat. No.	MCO Type				
														Act	Type	Recov	Cov	Settl							
	02	6843	9900	27.69	2741																				
	01	9664			405		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
							Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred					
	A.	Total Subject Premium			6964																				
	B.	Expense Mod (XX.XXX)			1.198																				
	C.	Total Modified Premium			8343																				
	D.	0152	11550	3.77	435																				
	E.	9887			2195		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	F.	9046		.22	1448		Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred					
	G.	Total Standard Exposure 130650			Total Standard Premium 23237																				
	H.	0063_	Premium Discount Amt.		289		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	I.	0900	Expense Constant Amt				Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred					
	J.	9740		.04	10																				
	K.	0938		.0191	38		Social Security Number			Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity		Paid Medical			
	L.						Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid		ALAE Incurred					
							<b>LOSS TOTALS</b>																		
							Reserved for Future Use		Total No. Claims 4		Total Incurred Indemnity 217695		Total Incurred Medical 4000		Reserved for Future Use		Total Paid Indemnity 14535			Total Paid Medical 3500					
							Tot. Claimant's Attny. Fees		Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid			Total ALAE Incurred				