UNIT STATISTICAL REPORT

POLICY INFORMATION																										
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code		Policy Number			Policy Effective Date		POLICY INFORMA Policy Expiration Date		State	State Effective Da	ite Cer	Certificate No.		Card Serial No.		Risk ID Number		er	Page No.	Las	t Page No.	
01	NO.	турс		00200	00200 WC123456789			01/01/06		01/0	01/07	/07 37											1	2		
Insured's Name: A. B. C. INC.													· · · · · · · · · · · · · · · · · · ·				F.E.I.N.			l.	Pending File No.					
Insured's Address:																			1	23456	5789					
Mod Effective Date		Rate Effective Date		3 Yr F/R Multistate Interstate		Policy Conditions Estimated Retro Can				olicy Type I D	icy Type I D Dedu Plan Non- Typ		duct.	Deductible Amount Per Claim/Accident		Deductible Amount Aggregate		Reserved	Reserved		For Carrier Use		For Bu		ureau Use	
40/04/05		10/01/05		Policy Policy		posure Policy Mid-Term		Indicator	Type Cov.	Ind. Std.	_		cent			Aggregate										
12/01/05		12/01/05		N Y		N N	N	N	01	01 01	030) I		1000												
Upd		EXPOSU		RE INFORMATION			*Upd	Claim Number		Acc. Date/	Incurr	Incurred Indemnity		LOSS INFOI		ORMATION Class Injury		Status					Jurisdic		MCO	
Туре	Exp. Cov.	. Cov. Class Code		Exposure Amount	Manual Rate	Premium Rate	Туре	Glaim Nambol		No. Claims	llicuit	mounted massimily		urred wedicar	Code		Status	Act	Т	Loss Conditions Type Recov Cov		Cov S	State	Cat. No.	Туре	
	01	0665		255000	7.84	19992						Nature														
	01	0	0953 48000 .24 1:		115		Social Security Number		Number	er Part		Cause	'	Occupation De	upation Description		Voc. L	Lump Fra				aid Indemnity		Medical		
	01	Q	664		3277			Claimant's Attorney Fees E		Employer's Atto	er's Attorney Fees				Reversed		ed for Future Use				ALAE Paid		ALAE Incurred			
	- 01		7004			3211	*Upd Type	Claim Nur	mber	Acc. Date/ No. Claims	Incurre	Incurred Indemnity		Incurred Medical		Class Injury Code		Status		Loss Conditions			Jurisdic State	Cat. No.	MCO Type	
	A.	Total Subir		ect Premium		16830												Act	Type F		ecov	Cov Se	ttl			
		Evnorioned		`				Social Security Number		Number	Part	Nature	Cause		Occupation De	upation Description		Voc. L	ump	mp Fraud Deduct		Paid	Paid Indemnity		Paid Medical	
	B.	8. Mod (XX.XXX)		XX)	0.930		-	Claimant's Attorney Fees Employer's Attorney Fees					Reversed for Future Use						A			AE Paid ALAE Incurred				
	C.	To	tal Modit	fied Premium		*Upd	Claim Number Acc. Date/ Incurred In				ed Indemnity											Jurisdic Cat.		MCO		
							Туре	. Claim Number		No. Claims		eu muemmy	indentific incurred we		Code		Status	Act	Loss Conditions t Type Recov Co		Cov Se	State	No.	Туре		
	D.	9	887		.25	3913				1		Nature		1			L.,									
	E.	9	9890		.10	1174			Social Security Number				Cause	·				Voc. L	.ump	ump Fraud Deduct			Paid Indemnity		Paid Medical	
	F.	9	046		.25	.25 2935		Claimant's Atto	imant's Attorney Fees Employer's Attorn		orney Fees	ey Fees		Reversed for Fut		ersed for Future	e Use						ALAE Paid		ALAE Incurred	
	•••				120	2,00	*Upd Type	Claim Number		Acc. Date/ No. Claims	Incurr	Incurred Indemnity		Incurred Medical		Injury	Injury Status		us Lo				Jurisdic State	Cat. No.	MCO Type	
	G.			cposure	Total Standard Prem	nium												Act		Type Recov Cov			ttl			
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	H.	H. 0063_		Premium Discour	nt Amt.	261	-							Davis		number of for Fathers Hos							ALAE Deld		ALAE Incurred	
	ı	0900		Expense Constar	t Amt			Claimant's Atto	omey Fees Employer's Attorney Fees				Reversed for Future Us				Use	.e				Al	ALAE Paid ALAE II		Incurred	
						117	*Upd Type	Claim Nur	nber	Acc. Date/ No. Claims	Incurre	ed Indemnity	Inc	urred Medical	Class Code	Injury	Status			Loss C	onditions		Jurisdic State	Cat. No.	MCO Type	
		٥	740		.03	91	. ,,,,											Act	Ty	/pe R	ecov	Cov Se				
	<u>J.</u>							Soci	al Security N	Number	Part	Nature	Cause		Occupation De	escription	1	Voc. L	ump	Fraud	Deduct	Paid	Indemnity	Paid I	Medical	
	K.	10	938 .0191 207		Claimant's Atto	rney Fees	Fees Employer's Attorney		ees		Rever		eversed for Future Use					Al	ALAE Paid		ALAE Incurred					
L.															OSS TO	SS TOTALS										
								Reserved for Future Use		Total N	Total No. Claims		otal Incurre			Il Incurred Medical Reserved for Fut		uture Us	ure Use Total Paid Ind		Indemnity	nnity Total Paid M		dical		
								Tot. Claimant's A	Attny. Fees	Tot. Employer's Attr		Fees		Reserved for		ed for Future Use				Total ALAE Paid			Total ALAE Incurred			
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