UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No.	Corr. No	Corr. Type	Replace Rpt. Ind	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Serial No.	Risk ID Number	Page No	Last Page No
01				00200	WC123456789	10/01/09	10/01/10	07						

Insured's Name: A. B. C. Inc.

F.E.I.N. → 123456789

Pending File No.

Insured's Address:

T.P.E / F.E.I.N. →

Mod. Effective Date	Rate Effective Date	Policy Conditions: 3 YR F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Policy Type ID: Type Cov.	Plan Ind	Non Std	Deduct. Type		Deduct. Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use
10/01/09	10/01/09	N	Y		N	N	N	N		01	01	01	00	00						

EXPOSURE INFORMATION

	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount
CODES SUBJECT	R	01	0951	35000	.72	252
	R	01	0953	17950	.49	88
		A. Total Subject Premium				340
	R	B. Experience Mod (XX.XXX)				1.431
		C. Total Modified Premium				487
NOT SBJ	R	D.	0277		.39	190
		E.				
		F.				
	G.			Total Standard Exposure 52950		Total Standard Premium 677
AFTER STD		H.	006_	Premium Discount Amount		
		I.	0900	Expense Constant Amount		
	R	J.	9740		.02	11
	R	K.	9741		.01	5
		L.				

LOSS INFORMATION

Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions: Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type