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				78972	60666	01/01/09	07/01/09	07						

Insured's Name: AZA Company

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

EXPOSURE INFORMATION

	Upd Typ	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount
CODES SUBJECT	R	01	0513	180559	8.75	15799
	R	01	0953	3894	.49	19
		A. Total Subject Premium				15818
	R	B. Experience Mod (XX.XXX)				0.968
		C. Total Modified Premium				15312
NOT SBJ	R	D.	0176	180559	1.04	1878
	R	E.	0931			3608
		F.				
	G.			Total Standard Exposure 184453		Total Standard Premium 20798
AFTER STD		H.	006_	Premium Discount Amount		
		I.	0900	Expense Constant Amount		
	R	J.	9740		.02	37
	R	K.	9741		.01	18
		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
Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type
Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat .No.	MCO Type

Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical

Claimant's Attorney Fees	Employer's Attorney Fees	Deductible Reimbursement	Weekly Wage	ALAE Paid	ALAE Incurred

LOSS TOTALS

Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical

Tot. Claimant's Attrny. Fees	Tot. Employer's Attrny. Fees	Reserved For Future Use	Total ALAE Paid	Total ALAE Incurred