

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				19872	WC2795461	01/01/09	01/01/10	07																					
Insured's Name: FBA 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	Y	N	N		01	01	01																	
EXPOSURE INFORMATION										LOSS INFORMATION																			
CODES	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisdic State	Cat. No.	MCO Type							
															Act	Type	Recv	Clm	Settl										
R		01	7405	82351	55.37	45598																							
R		01	0953	1587	.49	8		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											
SUBJECT	Upd 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											
NOT SUBJ	Upd 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							
			A. Total Subject Premium		45606			Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
			B. Experience Mod (XX.XXX)		0.915			Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred											
			C. Total Modified Premium		41729			Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
			Total Standard Exposure			Total Standard Premium		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							
			83938			46744																							
AFTER	Upd Type						Upd Type	Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
			H.	0064	Premium Discount Amount	1636		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred											
			I.	0900	Expense Constant Amount	210		Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical											
STANDARD	Upd Type						Upd Type	Case Number	Part	Nature	Cause	Occupation Description	Voc.	Lump	Fraud	Deduct.	Paid Indemnity	Paid Medical	LOSS TOTALS										
			J.	9740	.02	17		Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical															
			K.	9741	.01	8		Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid		Total ALAE Incurred														
			L.																										