

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				16928	97523A			01/01/09		01/01/10		07															
Insured's Name: GEE Corp															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	Y		N	N	N	N		01	01	01													
EXPOSURE INFORMATION														LOSS INFORMATION													
C O D E S	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	0512	258870	55.37		143336		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					
										Claim Number		Acc. Date/No. Claims		Incurred Indemnity		Incurred Medical		Class Code	Injury	Status	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.
S U B J E C T	Upd Type						Upd 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					
									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					
N O T S B J	Upd Type	A. Total Subject Premium				143343	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	
		R B. Experience Mod (XX.XXX)				0.915			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		C. Total Modified Premium				131159			Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
		R	D.	0175	258870	.59		1527		Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical		
			E.							Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred				
A F T E R S T D	Upd Type	G.				Total Standard Exposure 260198	Total Standard Premium 132686	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
		H. 006				Premium Discount Amount			Case Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical			
		I. 0900				Expense Constant Amount			Claimant's Attorney Fees		Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage			ALAE Paid			ALAE Incurred					
		R	J.	9740		.02	52			LOSS TOTALS																	
		R	K.	9741		.01	26			Reserved For Future Use		Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical					
	L.						Tot. Claimant's Attnry. Fees		Tot. Employer's Attnry. Fees			Reserved For Future Use					Total ALAE Paid			Total ALAE Incurred							