

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	99887	07/01/13	07/01/14	07																	
Insured's Name: Steve Ho 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	N		N	N	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		02	6843	127896	23.90	30567	R	789803	10/01/13	295462	25000	6843	02	0	02	01	01	01	00		00	00			
R		01	0718	279132	11.77	32854		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								42	49	56	Iron Worker		N		00		8008	15000							
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
SUBJECT	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	Act	Type	Recv	Clm	Settl	Jurisdic State	Cat. No.	MCO Type			
R							R	789749	08/01/13	238006	0	0718	01	0	01	01	01	01	00		00	00			
								Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
								90	13	75	Ship Builder		N		00		13346								
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
NOT SUBJ	Upd Type	A. Total Subject Premium				63421	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)				0.975		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
		C. Total Modified Premium				61835		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
		D.						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							
		F.						Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical					
		G.						Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred							
AFTER STD	Upd Type	Total Standard Exposure			407028	Total Standard Premium			61835	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	H.	0063	Premium Discount Amount		5627		Case Number	Part	Nature	Cause	Occupation Description		Voc.	Lump	Fraud	Deduct.	Paid Indemnity		Paid Medical						
R	I.	0900	Expense Constant Amount		270		Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Weekly Wage		ALAE Paid		ALAE Incurred								
R	J.	9740		.01	41	<b>LOSS TOTALS</b>																			
R	K.	9741		.01	41		Reserved For Future Use	Total No. Claims		Total Incurred Indemnity		Total Incurred Medical		Reserved For Future Use		Total Paid Indemnity		Total Paid Medical							
							2	533468		25000				21354		15000									
							Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees		Reserved For Future Use				Total ALAE Paid		Total ALAE Incurred									