

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 00200	Policy Number WC123456789	Policy Effective Date 01/01/06	Policy Expiration Date 01/01/07	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No. 1	Last Page No. 2
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Insured's Name: A. B. C. INC.											F.E.I.N. 123456789		Pending File No.	
Insured's Address:														

Mod Effective Date 12/01/05	Rate Effective Date 12/01/05	Policy Conditions							Policy Type I D			Deduct. Type 0301	Deduct. Percent	Deductible Amount Per Claim/Accident 1000	Deductible Amount Aggregate	Reserved	For Carrier Use	For Bureau Use
		3 Yr F/R Policy N	Multistate Policy Y	Interstate Rating	Estimated Exposure N	Retro Policy N	Canceled Mid-Term N	MCO Indicator N	Type Cov. 01	Plan Ind. 01	Non-Std. 01							

EXPOSURE INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate
	01	0665	255000	7.84	19992
	01	0953	48000	.24	115
	01	9664			3277
	A. Total Subject Premium				16830
	B. Experience Mod (XX.XXX)				0.930
	C. Total Modified Premium				15652
	D.	9887		.25	3913
	E.	9890		.10	1174
	F.	9046		.25	2935
	G. Total Standard Exposure		Total Standard Premium		
	H.	0063_	Premium Discount Amt.		261
	I.	0900	Expense Constant Amt		119
	J.	9740		.03	91
	K.	0938		.0191	207
	L.				

LOSS INFORMATION

*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	Recov	Cov	Settl			
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical	
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid	ALAE Incurred		
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical	
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid	ALAE Incurred		
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical	
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							ALAE Paid	ALAE Incurred		
	Social Security Number		Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical	
	Claimant's Attorney Fees		Employer's Attorney Fees		Reversed for Future Use							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 Attny. Fees			Tot. Employer's Attny. Fees		Reserved for Future Use							Total ALAE Paid		Total ALAE Incurred	