

UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 01	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code 12345	Policy Number 1234567	Policy Effective Date 12/01/04	Policy Expiration Date 12/01/05	Expos. State 37	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.	Last Page No.
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Insured's Name: 123, Inc.

F.E.I.N.

Pending File No.

Insured's Address:

123456789

Mod Effective Date 09/01/04	Rate Effective Date 09/01/04	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

LOSS INFORMATION

Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Rate	*Upd Type	Claim Number	Acc. Date/ No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd 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					
	A.	Total Subject Premium																					
	B.	Experience Mod (XX.XXX)																					
	C.	Total Modified Premium																					
	D.	9046		.20	4827																		
	E.																						
	F.																						
	G.	Total Standard Exposure		Total Standard Premium																			
	H.	0063	Premium Discount Amt.		873																		
	I.	0900	Expense Constant Amt																				
	J.	9740		.04	30																		
	K.	0938		.0236	285																		
	L.																						
							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					