

September 10, 2010

9/21/2010
1. Signed original
2. Signed copy
3. Extra copy of Claim list

██████████
Golden Gate Bridge Highway & Transportation District
1011 Andersen Dr.
San Rafael, CA 94901

Re: Self Insured's Annual Report Golden Gate Bridge Highway & Transportation District

Dear Bill:

Enclosed please find three copies of Section I & II and the list of open indemnity cases of your Self Insurer's Annual Report for the fiscal year ending 6/30/10. Please review this report carefully.

After verifying that the information in the report is correct and complete, please sign and forward the original and one copy (plus an extra copy of the claim listing) on or before **October 1, 2010** to:

**Self Insurance Plans
Department of Industrial Relations
2265 Watt Avenue, Suite 1
Sacramento, CA 95825**

I am enclosing a copy of the instructions from S.I.P. Should you have any questions regarding the completion or submission of this report, please do not hesitate to contact me.

Sincerely,



Linda Slaughter
Chief Operations Officer

**INSTRUCTIONS:
PUBLIC NON-JPA and JOINT POWERS AUTHORITY (JPA)
SELF INSURER'S ANNUAL REPORT
Fiscal Year 2009/10**

Please note: By accessing the SIP website and downloading the form, you are not submitting any data electronically.

General Information

The annual report form is the form for Public Stand-alone and Joint Powers Authority (JPA) self insured employers, active or revoked, to report their self insured workers' compensation claims experience for the preceding year. The report for 200/10 must be completed and filed with Self Insurance Plans (SIP) no later than **October 1, 2010**.

This year the annual report is in a fillable pdf document and is broken down into two separate forms. One is titled the "Public Employer Annual Report" and the other is "TPA Annual Report". You will need a version of Adobe Reader greater than 5.0 to view and print the form. You can download the reader for free at: <http://www.adobe.com> SIP sent out user ID's and passwords for you to be able to log onto our website and download the form(s) with a portion of it pre-populated.

SIP needs **one complete original report and one copy (which includes the List of Open Indemnity Cases) and must be signed with an original wet signature** of the self insurer on the first page of the employer's portion and an original signature of the claims administrator on each Liabilities by Reporting Location. Do **Not** enter separate liabilities by reporting location for each Joint Powers Authority (JPA) member. All JPA member claims handled at one adjusting location should be included on the locations report. However, please identify the employer for each open indemnity claim on the "List of Open Indemnity Claims".

The reports must be filed with Self Insurance Plans no later than **October 1, 2010**.

**Instructions: Page 1 of the Public Employers Portion of the
Annual Report—to be completed by self insurer**

I. General

1. This portion is pre-populated. Verify the certificate number. Check the box if your self insurance status is active or revoked.

holder. Verify the name and address of the master certificate holder that is self insured. Enter the federal tax identification number.

4. Check the appropriate box for the type of public agency.
5. Indicate any changes made to any of the self insured entities induring the period July 1, 2009 through June 30, 2010, including re-incorporations, mergers, changes in identity (legal name changes) and/or additions to the program.
6. Employment and wages paid in fiscal year 2009/10. Report the total wages and salaries paid for California, as well as the total number of employees—not the average number and not full employee equivalents. To help calculate the number of employees, page 1 asks for the number of W-2 tax forms issued to any employee in California for the given year. **NOTE: If this section is not completed or left blank, the form will not print. If you do not have any employees or wages/salaries, you must enter a "0".**
7. Enter the company, name and address of the person who will receive all correspondence, invoices for fees and penalties, annual reports and notices of changes in regulations, as well as security deposit and financial matters. This person can be different from the master certificate holder.
8. Certification. Requires an original signature of the person authorized to sign on behalf of the JPA and its members or the self insured public entity. Reports without an original signature will be returned.

Instructions: Page 2 of the Employers Portion of the Annual Report—to be completed by self insurer

Item 5. This is a continuation of item 5 from page 1.

Item 9. This list the legal name and the affiliate certificate number of each Joint Powers Authority (JPA) Member. This section is only for JPA's.

Instructions: Page 3 of the Employers Portion of the Annual Report—to be completed by self insurer

Records Storage

Please check either yes or no if you have records stored at any other location. If yes, indicate whether the closed claims records are kept at any location other than with the present administrator.

Insurance Coverage

Please check either yes or no about additional insurance information. If yes, please fill in the pertinent information.

If any of the questions are not answered, the annual report will be returned.

compensation policy. List the insurance company name, policy number and issue date.

2. Indicate if any of the workers' compensation liabilities are covered by a specific excess workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.
3. Indicate if any of the workers' compensation liabilities are covered by an aggregate workers' compensation insurance policy. List the insurance company name, policy number and issue date, and retention limit.

You will need to print the report from the green button on the first page. Once you print the form, a barcode will appear on the first page. Please attach the pages once your TPA has mailed them to you. Their portion will also have a barcode on the first page. Please assemble both portions and send to Self Insurance Plans.

PRINTING PROBLEMS

If after making sure that you have entered employee and payroll information, you are still unable to print, there are a number of possible solutions:

- Make sure you have clicked on the green print button to print the document. If you have used the pull down menu under "File" or "Command p" from the keyboard, the document will not print.
- If the entire page(s) will not print, make sure that page size is scaled to fit your paper. After clicking on the green print button, select the option to "fit to paper size" or "shrink oversize paper to paper size."

If a problem exists where data you have entered on the form disappears or appears upside down on the form, click on the red button to "re-set the form", download the form again from the SIP website, then re-enter the data.

If you are still unable to print the form, it may be that your computer utilizes the 7.x Adobe Acrobat version. Make sure you use an Adobe version that is 5.0 or greater

If you have any questions or need additional assistance, please feel free to contact Tina Freese at (916) 574-0737 or you can send an email to Tfreese@dir.ca.gov

Instructions: Page 1 of TPA's Portion of the Annual Report—to be completed by the TPA

This page must be completed by your third party administrator, or, if self administered, by your in-house claims administrator. A separate Page 2 must be completed for each separate reporting location: that is, from each claims adjusting office handling claims for the self insured employer.

Reporting location number. This number is pre-populated once you have logged into the system and selected the correct reporting location. Verify the number that corresponds to the TPA and the location of the administrator preparing this page. The first number is either 4 for TPA or 6 for self administered—the next four are the self insurer certificate number—the next two are the TPA location number—the last three are the TPA’s certificate number.

Name of Master Certificate Holder: This section is pre-populated. Verify the name of the self insured employer.

Type of report. The designation should be as an original report unless the report is for an interim period (for instance, when changing administrators mid-year or is being submitted to amend the original report to correct an error.

This whole section is the same as prior years. All the boxes highlighted in yellow are automatic calculations. Once you enter the “Incurred Liability Indemnity” figures and “Paid to Date Indemnity” figures then the total will appear in the “Future Liability Indemnity” box. If there is an error, the box will be highlighted in red.

The same applies for the “Incurred Liability Medical” except if there is an error, the box will be highlighted in blue. If there are no errors, the boxes will not be highlighted and you can continue to enter the remaining data.

If you need assistance and can not figure out the error, please click on the “Help” button. **The Form will not print if the errors are not corrected.**

A. Cases and benefits.

1. Report the cases open as of 6-30-2010 that were reported prior to FY 2005-06 for the self insured company.

2a-e. Report the FY 2005-06, 2006-07, 2007-08, 2008-09, and 2009-10 claim liabilities in the split format for each of the years. For each of these years report the liability figures for both *All cases reported* and *Cases open*.

The *Future Liability \$ Indemnity* and *\$ Medical* entry boxes for fiscal years 2005-06 through 2009-10 are centered (that is, the estimated future liabilities for all cases reported and for cases open), because the future liability for any given year should be the same as *All cases reported* for that year, and *Cases open* in that year. Note that that the cases and benefits table will add mathematically both horizontally by year and vertically for the future liability.

Each *\$ Indemnity* entry for each year adds mathematically across the table and each *\$ Medical* entry for each year likewise adds up across the table.

Future Liability \$ Indemnity entries for fiscal years 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10.

(2a-e) are the same amount in any given year's line, whether you are calculating *All cases reported* or *Cases open* for that particular year. Similarly, the *Future Liability \$ Medical* entry for each of those years should be the same number for any given year, whether you are calculating *All cases reported* or *Cases open* for that particular year.

Instructions: Page 2 of TPA's Portion of the Annual Report—to be completed by the TPA

Page 2: Administrator/Certification

- A. List the name of the current administrator or TPA at the time the report is being completed.

Note: The administrator named may not be the same as the claims administrator actually responsible for completing the report. If there has been a change of administrator on or after July 1, 2009, the new administrator's name should be entered in item B with the date of the change and the agency name, address, etc. completed.

List the name of the person responsible for the claims, the administrative agency name and address, and the complete TPA certificate number that was issued by SIP.

- B. Indicate if there has been any change in claims administration since July 1, 2009.

The person named in item A or B must have passed the Administrator's Exam.

The certification on one of the reports submitted to SIP must have an **original** (real, wet) signature and be completed with the administrator's name, title, company and address. A copy of an original signature is not acceptable.

The certification must be signed by a person who works at the reporting office, has passed the Administrator's Exam and whose name is on file at SIP. Any claims examiner name changes needs to be reported to SIP prior to submitting the annual reports. A request for a name change must be accompanied by a copy of the documents such as a marriage license, divorce decree or petition for name change. **Reports with**

Note: All reporting location pages must be signed.

Instructions: Page 3 of TPA's Portion of the Annual Report—to be completed by the TPA

Attach a list of all open indemnity claims and the aggregate totals for open medical only claims reported in each fiscal year. The list may be on the List of Open Indemnity Cases provided at the end of the annual report form, or on a computer run organized in the same format. If the list of cases is a computer run, it must include the: name of the self insured employer or affiliate or subsidiary employer, date of injury, description of injury, paid to date and estimated future liability. The listing must be by fiscal year reported and alphabetical within each year.

We remind you that Labor Code Section 3702.6(b) requires each public self insurer to advise its governing board within 90 days after submission of the Self Insurers Annual Report of the total liabilities reported and whether current funding of those liabilities is in compliance with the requirements of Government Accounting Standards Board Publication 10.

You will need to print the report from the **green** button on the first page. Please keep in the mind, if the **errors are not fixed the report will not print**. Once you print the form, a barcode will appear on the first page. Please sign and attach all the pages and return to your client. Your client will then consolidate the TPA's report to the employer's report and submit to Self Insurance Plans. The employer's portion will also have a barcode on the first page. One of the great features of this application program is that if you are not able to complete your portion, you can save the form and return to it later with the data still intact.

PRINTING PROBLEMS

If the form does not print, please check to make sure you have entered the total number of employees and salaries/wages. If you do not have any employees and salaries/wages, please enter "0".

Printing & Misc. Problems with the PDF Annual Report:

Question: You say your users are trying to print in letter size, and part of the form is staying out.

Answer: This is an acrobat option. It is fixed by changing the right option in the printer options window.

When you send the form to the printer, Acrobat shows a window to set the print options. There, Acrobat provides an option that says something like (wording changes from version to version):

Version 5 (Checkbox): "Shrink oversized pages to paper size" Version 7 (list field): "Page Scaling" has to be set to "Fit to printer margins" (probably is in "none" now)

printer quality. Laser printed reports shouldn't have problems in this sense, if possible, get your users to print in legal sized paper.

Question: One of our clients is trying to download the form, they have adobe reader 7.0 when she opens the form it is pre-populated, then the data disappears shortly after. How come?

Answer: My first suggestion would be to:

open the form->reset the form->open it again... and see if the problem persists. If this doesn't fix the problem I'd like you to send me the login info (user and password, and also access URL) and we will try to replicate the problem. In the mail subject you say Reader 6, but in the mail body it is Reader 7. Which is the correct one?

Question: On the Employers Annual Report page 4 items B1, B2 and B3 when they print the forms the numbers are upside down.

Answer: this is a known problem of Acrobat. Depending on the Acrobat version used to print a form, and also depending on the printer drivers, some fields are printed upside down, or even in a "mirror" fashion. Two different machines, with the same Acrobat version but different printer drivers can show different results. It would be interesting to know which Acrobat type and version was used to print this report to see if we can replicate the problem. If we can replicate it, we may be able to fix it.

We think is the result of upgrading Acrobat to version 7.x. that is causing this. Usually, a number of "glitches" stay in the new versions when they are first released, until they're fixed in future upgrades.

If you have any questions or need additional assistance, please feel free to contact our office at (916) 574-0300 or Tina Freese at (916) 574-0737 or you can send an email to SIP@dir.ca.gov

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9. List the full legal names of each separate affiliate member whose liabilities are being reported under this annual report, the certificate number of each such member.

Full Legal Name

Affiliate Certificate No.

NOTE 1: Add additional page(s) to list additional members, is necessary.

NOTE 2: If more than one claims administrator is used, then liabilities must be reported separately for

Fiscal Year
00/10

A. Agency Name Cor-O-Van

Address 740 National Ct.

City Pt. Richmond State CA

Zip+4 94804 Phone (925) 826-3869

C. Agency Name

Address

City State

Zip+4 Phone

B. Agency Name

Address

City State

Zip+4 Phone

D. Agency Name

Address

City State

Zip+4 Phone

INSURANCE COVERAGE

1. Are any of your workers' compensation liabilities in California during the reporting period covered by a standard workers' compensation insurance policy?

Yes No If Yes:

1. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Are any of your workers' compensation liabilities in California during the reporting period covered by a specific excess workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier: National Union Fire Insurance Company

Policy Number: XWC 478-66-80

Policy Issue Date: 07/01/09

Retention Limit: 1,000,000

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

3. Do you carry an aggregate (stop loss) workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

OPEN INDEMNITY CLAIMS

A. Attach a list of ALL Open Indemnity Claims by reporting location and by year reported and with claims in alphabetical order, or a computer prepared printout organized in the same format.

Fiscal Year



II. LIABILITIES BY REPORTING LOCATION

Reporting Location Nos.: A-7825-01-048

Name of Master Certificate Holder: Golden Gate Bridge Highway And Transportation District

Type of Report:

[X] Original Report (Due October 1 each year) [] Amended Report for the Period of: [] Interim Report

07/01/09 06/30/10

From Date (mm/dd/yy) To Date (mm/dd/yy)

A. CASES AND BENEFITS (to nearest dollar)

Table with columns: Number, Incurred Liability (\$ Indemnity, \$ Medical), Paid to Date (\$ Indemnity, \$ Medical), Future Liability (\$ Indemnity, \$ Medical). Rows include cases open as of 6/30/2010, and various fiscal years (2005-06 to 2009-10) for total cases and cases open.

SUBTOTAL

Summary table for Subtotal and Total with columns \$ Indemnity and \$ Medical. Values: 613,881 / 2,750,570 (Subtotal); 1,170,134 / 1,011,312 (Total).

3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical)

TOTAL

- 4. Total Benefits paid during FY 2009-10 (including all case expenditures):
5. Number of MEDICAL-ONLY cases reported in FY 2009-10:
6. Number of INDEMNITY cases reported in FY 2009-10:
7. TOTAL of 5 and 6 (also entered in 2e above):
8. TOTAL number of open indemnity cases (all years):
9. Number of Fatality cases reported in FY 2009-10
10. (a) Number of FY 2009-10 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2009-10:
10. (b) Number of non-FY 2009-10 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2009-10:

Fiscal Year

Agency Name Athens Administrators

Address PO Box 696

City Concord

State CA Zip+4 94522-0696

Administrative Agency's Certificate No.: 048

or Self Administered

B. HAS THERE BEEN A CHANGE IN ADMINISTRATOR/ADMINISTRATIVE AGENCY DURING THE PERIOD OF THIS REPORT PERIOD? YES NO

IF YES: DATE OF CHANGE:

TYPE OF CHANGE: Change in Administrative Agency Change to or from Self Administration

NAME OF NEW ADMINISTRATOR(S)/ADMINISTRATIVE AGENCY(IES):

Name

Agency Name

Address

City

State

Zip+4

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report of this self insurer's workers' compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the workers' compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of workers' compensation claims made in this report reflect the administrator's best judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Original Signature of Administrator (Qualified Person)

Linda Slaughter 9/10/10 Date:

TYPED NAME OF ADMINISTRATOR

Administrator's First Name: Linda

M.I.:

Last Name: Slaughter

Title: Chief Operations Officer

Name of Administrative Agency or Employer: Athens Administrators

Street Address: 2552 Stanwell Drive

City: Concord

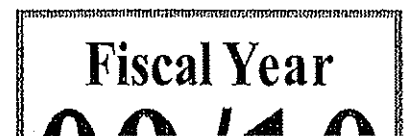
State: CA

Zip+4: 94520-4816

Phone No. of Administrator: (925) 826-1102

Fax No.: (925) 609-5431

E-mail Address of Administrator: lslaughter@athensadmin.com



			Indemnity	Medical	Indemnity	Medical
04/07/2000		Strain - Shoulder(s)	48,554	107,842	0	34,016
04/09/2005		Mental Disorder - No Phys Ini	29,726	13,830	0	10,918
06/23/1990		Strain - Multiple Body	55,803	52,127	0	24,989
04/09/2005		Physical/Stress - Mult.Upper Ext.	23,424	57,310	17,710	13,998
10/15/2001		Multiple Injury - Multiple Body	46,996	44,956	0	21,544
12/01/1995		All Other - Lower Back Area	74,839	48,471	0	11,529
10/04/1987		All Other - Multiple Body	69,260	27,815	0	3,712
12/14/1979		Strain - Upper Back Area	3,389	25,737	0	7,438
05/05/1999		Dislocation - Multiple Body	181,981	206,286	62,130	123,438
05/03/1994		All Other - Knee	30,392	24,214	0	5,172
06/12/2000		Inflammation - Knee	20,790	39,154	0	22,562
07/30/2001		Crushing - Great Toe	0	4,403	0	3,395
08/14/2000		Fracture - Foot	57,912	22,137	0	17,781
02/13/1998		Hearing Loss - Ear(s)	2,520	4,692	0	15,308
07/31/2002		Strain - Shoulder(s)	19,720	57,822	0	3,813
05/26/2005		Sprain - Finger(s)	34,104	30,066	8,415	5,762
06/23/1995		Sprain - Knee	14,683	50,072	0	19,276
09/20/1996		Strain - Lower Back Area	14,194	38,171	0	18,560
01/28/2003		All Other - Knee	25,146	70,089	0	49,531
10/01/1988		Contusion - Skull	2,754	27,042	0	29,003
01/21/2000		Strain - Knee	18,378	36,506	0	32,894
03/25/2004		Strain - Upper Back Area	312	610	0	0
09/02/2004		Contusion - Buttocks	16,273	99,868	15,676	13,194
05/18/2005		Unknown - Multiple Body	3,634	7,166	2,214	9,455
07/24/2002		Strain - Mult.Upper Ext.	17,880	8,891	0	15,116
04/04/2001		Multiple Injury - Wrist	42,004	26,893	0	9,991
01/11/2000		Strain - Trunk	0	50	2,940	0
01/02/2002		Strain - Mult.Lower Extr	0	1,861	2,940	9
03/01/2003		Strain - Lower Back Area	10,326	12,348	0	12,652
02/17/2005		Multiple Injury - Multiple Body	9,723	16,716	757	14,451
05/27/2004		Fracture - Foot	14,329	5,263	2,000	9,737
02/07/1994		Strain - Shoulder(s)	16,424	61,676	0	18,886
07/11/2001		Strain - Knee	56,239	17,042	334	15,888
11/15/2001		Contusion - Knee	0	6,770	0	24,478
03/21/2003		All Oth Cum Ini - Shoulder(s)	78,183	30,380	1,394	18,527
02/09/2005		All Oth Cum Ini - Multiple Body	102,677	100,867	8,175	73,966
10/31/2001		Strain - Multiple Body	34,230	28,832	0	14,291
11/27/2000		All Oth Cum Ini - Multiple Body	173,710	2,484	8,144	25,000
06/18/2003		Strain - Lower Back Area	45,859	79,191	12,488	24,038
10/16/1991		Hearing Loss - Ear(s)	1,995	5,186	0	14,869
12/23/1998		Strain - Multiple Body	51,157	48,242	0	12,053
09/11/1985		Strain - Mult.Lower Extr	7,228	179,951	0	21,320
05/27/1987		Strain - Multiple Body	4,030	61,344	0	22,748
09/05/1994		Multiple Injury - Multiple Body	40,571	19,274	0	5,726
11/09/1984		Strain - Mult.Lower Extr	43,953	298,947	0	0
10/01/1998		Sprain - Knee	210,526	426,813	0	30,439
04/30/1985		Strain - Upper Back Area	12,408	62,701	0	3,782
05/31/1996		Strain - Neck (Multiple)	11,280	8,625	0	4,103
12/26/2001		Strain - Upper Back Area	20,494	22,735	0	2,170
03/29/1989		Strain - Upper Back Area	14,690	4,615	0	3,979
05/14/1999		All Oth Cum Ini - Ear(s)	4,795	21,925	0	3,992
03/17/1994		Contusion - Knee	20,382	29,322	42,179	24,573
02/21/2001		Multiple Injury - Multiple Body	17,628	52,889	13,922	22,139
05/25/2004		Strain - Knee	33,780	16,239	0	13,747
10/08/2001		Strain - Mult.Upper Ext.	0	5,470	0	10,860
12/05/2003		Strain - Mult.Upper Ext.	9,296	4,066	0	7,934
05/01/1992		Multiple Injury - Multiple Body	18,875	35,252	0	14,523
10/23/2000		Strain - Neck (Multiple)	100,804	73,524	0	9,751
05/15/1992		Contusion - Multiple Body	21,114	9,541	0	10,528
05/17/2003		Strain - Knee	110,907	88,139	0	29,246
03/01/1993		Strain - Lower Back Area	64,915	185,611	23,073	17,591
01/11/2002		All Oth Cum Ini - Multiple Body	130,836	24,603	6,000	1,187
10/27/1998		Strain - Neck (Multiple)	9,320	29,384	0	27,218
02/10/1999		Multiple Injury - Multiple Body	28,159	23,122	0	5,908
04/18/1994		Hearing Loss - Ear(s)	4,235	9,435	0	14,915

			Indemnity	Medical	Indemnity	Medical
	04/26/1999	Strain - Trunk	16,339	13,274	0	5,185
	05/19/2004	Strain - Elbow	61,272	19,579	0	10,543
	09/04/2001	Strain - Unknown	50,574	17,865	0	6,080
	01/25/2002	Multiple Injury - Multiple Body	0	5,569	0	4,360
	02/28/2002	Hearing Loss - Ear(s)	2,163	15,720	0	6,090
	02/05/1986	Rupture - Lower Back Area	60,317	274,103	0	9,153
	12/03/1994	All Other - Knee	8,926	6,399	0	4,136
	11/16/1993	Strain - Upper Back Area	11,709	32,977	0	14,698
	12/01/1993	Strain - Multiple Body	14,841	19,763	0	14,451
	02/11/2000	All Other - Shoulder(s)	182,140	99,510	0	20,057
	03/05/1993	Hearing Loss - Ear(s)	4,283	12,766	0	4,954
	09/24/1998	All Other - Knee	13,940	8,650	0	12,858
	10/10/2001	Strain - Wrist	13,124	23,597	0	4,402
	05/22/1995	All Other - Mult.Upper Ext.	80,831	25,952	0	14,047
	11/12/1996	All Oth Cum Int - Shoulder(s)	20,375	56,538	0	8,898
	12/12/2000	Sprain - Multiple Body	131,530	38,430	0	17,837
	10/07/1994	Sprain - Lower Back Area	21,800	15,180	0	1,129
	12/05/2000	Strain - Lower Back Area	20,237	9,129	0	2,331
	06/14/1999	All Other - Knee	10,420	6,892	0	7,119
	12/30/1995	Hearing Loss - Ear(s)	5,835	23,225	0	11,312
	07/23/2002	Strain - Foot	13,813	5,104	0	0
	06/13/2000	Rupture - Neck Disc	38,019	126,371	0	16,064
	11/25/1981	Strain - Multiple Body	27,197	74,173	0	9,607
	06/18/2001	Strain - Multiple Body	25,291	41,557	0	16,443
	11/20/2001	Strain - Rib(s)	278,930	310,527	51,686	257,994
	09/01/1986	All Other O.D. - Ear(s)	0	31,583	0	6,700
	09/06/2000	All Oth Cum Int - Ear(s)	1,722	13,079	0	7,402
	10/02/1999	Strain - Lower Back Area	31,396	5,794	16,000	9,206
	01/07/2002	Multiple Injury - Mult.Upper Ext.	37,696	27,856	0	11,939
	02/13/1998	Hearing Loss - Ear(s)	0	10,660	0	6,339
	02/13/2002	All Oth Cum Int - Multiple Body	56,665	77,387	0	2,633
	12/23/2003	Strain - Lower Back Area	18,297	7,670	0	12,131
	12/19/1992	Fracture - Knee	25,957	47,746	0	31,874
	05/14/2003	Hearing Loss - Ear(s)	4,445	7,562	0	14,602
	02/03/2004	Strain - Shoulder(s)	44,283	16,092	11,208	16,083
	09/28/2004	All Oth Cum Int - Wrist & Hand	3,400	8,254	600	3,300

Totals for Report Year 2004-05

Claims: 109

4,063,264

5,080,785

319,378

1,809,907

			Indemnity	Medical	Indemnity	Medical
	01/17/2006	Strain - Multiple Body	64,161	30,313	0	16,036
	11/03/2005	Strain - Shoulder(s)	4,779	791	0	0
	02/01/2006	All Oth Cum Inl - Mult.Upper Ext.	31,258	36,819	10,442	13,633
	07/26/2005	Sprain - Knee	43,175	14,818	0	633
	08/09/2005	Sprain - Mult.Upper Ext.	46,666	39,657	6,000	13,029
	01/23/2006	Illness - Multiple Body	0	0	0	0
	12/16/2005	Strain - Knee	28,784	10,437	4,653	629
	11/30/2005	Strain - Finger(s)	5,049	10,817	2,104	6,183

Totals for Report Year 2005-06

Claims: 8

223,891

143,653

23,199

50,143

			Indemnity	Medical	Indemnity	Medical
	10/02/2006	Strain - Lower Back Area	360	9,675	0	10,795
	12/16/2005	All Oth Cum Ini - Multiple Bodv	2,244	0	8,445	0
	01/19/2007	Fracture - Finger(s)	0	5,232	0	5,778
	01/21/2007	Strain - Thumb	0	899	0	9,012
	08/03/2006	Strain - Knee	36,700	43,601	0	52,714
	01/04/2007	Syno/Tendonitis - Elbow	0	9,580	0	5,684

Totals for Report Year 2006-07

Claims: 6

39,304

68,987

8,445

83,982

			Indemnity	Medical	Indemnity	Medical
	12/30/1998	Asbestosis - Lungs	0	10,489	0	4,512
	08/22/2007	Strain - Knee	38,839	21,631	3,450	12,175
	07/17/2007	Sprain - Ankle	3,397	1,857	311	4,238
	05/30/2008	Contusion - Knee	8,116	11,914	5,520	14,057
	12/24/2007	Hearing Loss - Ear(s)	3,519	7,380	0	15,677
	10/18/2007	Irritation - Hand	0	922	0	1,578
	04/18/2007	All Oth Cum Ini - Shoulder(s)	28,181	14,663	8,624	9,789
	02/27/2008	Strain - Hand	3,665	5,175	1,380	12,652
	07/20/2007	Strain - Upper Arm	18,919	22,287	0	4,459
	10/11/2007	Inflammation - Wrist & Hand	4,790	12,684	0	12,074
	08/27/2007	Sprain - Mult. Upper Ext.	4,058	8,187	0	6,939
	04/15/2008	All Oth Cum Ini - Thumb	49,913	25,341	0	11,415
	09/12/2007	Strain - Shoulder(s)	45,013	11,468	0	9,454
	02/26/2008	Strain - Knee	22,348	7,764	2,517	8,236
	02/29/2008	Strain - Shoulder(s)	34,486	14,660	0	8,872
	05/06/2008	Strain - Knee	8,852	3,649	0	22,917
	02/29/2008	All Oth Cum Ini - Knee	22,648	11,528	1,724	4,060
	04/23/2008	Strain - Knee	9,777	4,512	0	10,269
	03/20/2008	Sprain - Knee	19,436	9,407	0	9,104

Totals for Report Year 2007-08

Claims: 19

325,956

205,518

23,526

182,477

			Indemnity	Medical	Indemnity	Medical
	09/05/2008	Sorain - Lower Back Area	2,841	3,321	0	6,961
	09/03/2008	Strain - Knee	10,436	12,285	0	20,336
	05/18/2009	Strain - Multiple Body	6,927	2,224	0	2,776
	08/19/2008	Strain - Finger(s)	23,301	5,974	0	8,220
	04/06/2009	Strain - Ankle	42,058	6,789	2,070	7,330
	10/03/2008	Contusion - Multiple Body	28,925	7,360	6,958	6,314
	10/05/2008	Unknown - Lower Back Area	1,645	2,801	0	7,199
	03/13/2009	Strain - Lower Back Area	13,425	12,323	2,000	5,254
	10/02/2008	Unknown - Skull	32,851	53,000	9,165	23,159
	05/03/2009	Strain - Lower Back Area	11,441	10,284	2,444	1,016
	01/16/2009	Strain - Knee	0	7,797	6,078	41,937
	08/01/2008	All Oth Cum Inl - Multiple Body	56,465	26,604	11,551	32,275
	04/29/2009	Fracture - Finger(s)	18,941	6,442	9,198	24,773
	11/02/2008	Unknown - Multiple Body	14,661	6,742	2,737	4,811
	01/08/2009	Contusion - Lower Lea	8,057	10,528	3,082	6,784
	10/22/2008	Irritation - Multiple Body	292	381	0	100
	06/26/2008	Strain - Mult.Upper Ext.	25,518	13,987	6,806	17,291
	11/21/2008	Strain - Shoulder(s)	3,001	1,671	1,435	10,865
	11/04/2008	Unknown - Shoulder(s)	22,568	2,069	2,225	27,931
	11/01/2006	Unknown - Shoulder(s)	0	0	0	100
	05/18/2009	Multiple Injurv - Multiple Body	5,675	1,717	0	4,783
	07/01/2008	Strain - Multiple Body	89,058	53,568	4,097	6,017
	07/11/2008	Strain - Hand	0	7,016	0	2,984
	06/10/2009	Strain - Hand	5,611	4,877	2,053	2,109
	05/24/2009	Strain - Lower Back Area	16,050	1,873	2,614	10,542
	03/13/2009	Strain - Lower Back Area	20,447	21,760	1,095	112
	06/24/2009	Laceration - Hand	3,715	10,768	4,673	5,105
	08/11/2008	Strain - Multiple Body	0	3,837	0	1,163
	11/30/2008	Strain - Multiple Body	18,931	7,418	0	23,763
	01/01/2008	Unknown - Shoulder(s)	27,346	16,615	0	11,385
	12/18/2008	Strain - Elbow	0	2,731	0	7,613
	07/30/2008	Sorain - Lower Back Area	28,332	7,016	4,159	11,024
	10/30/2008	Strain - Multiple Body	2,570	1,897	0	13,547
	09/22/2008	Strain - Ankle	11,711	14,674	847	3,870
	05/05/2009	Strain - Wrist & Hand	4,065	12,344	0	6,656
	12/17/2008	Strain - Lower Back Area	8,708	4,807	1,131	6,393

Totals for Report Year 2008-09

Claims: 36

565,570

365,298

86,418

372,497

			Indemnity	Medical	Indemnity	Medical
	07/22/2009	Sprain - Knee	14,080	5,509	2,261	3,447
	03/29/2010	Physical/Stress - Psyche System	1,608	0	1,352	5,500
	06/18/2010	Strain - Multiple Body	0	0	0	0
	08/30/2009	Strain - Lower Back Area	19,072	5,632	7,439	7,714
	09/24/2009	Strain - Lower Back Area	0	0	0	0
	11/17/2009	Fracture - Hand	12,629	3,524	1,293	3,976
	08/11/2009	Strain - Knee	0	1,770	0	1,730
	02/09/2010	Strain - Mult.Lower Extr	12,266	1,119	0	7,213
	11/25/2009	Strain - Multiple Body	0	2,533	20,848	38,056
	08/11/2010	Contusion - Multiple Body	1,848	0	9,239	0
	04/15/2010	Strain - Ankle	6,825	1,296	1,269	3,704
	05/03/2010	Sprain - Ankle	3,947	138	3,947	4,862
	08/21/2009	Amputation - Finger(s)	25,094	18,425	10,304	3,875
	04/09/2009	All Oth Cum Inj - Multiple Body	6,846	1,369	34,914	34,553
	12/10/2009	Strain - Shoulder(s)	0	20,626	5,520	3,287
	12/30/2009	Multiple Injrv - Multiple Body	0	0	0	5,000
	04/14/2010	Strain - Hto	0	771	1,973	4,254
	08/02/2009	Strain - Multiple Body	28,785	7,448	8,641	13,479
	09/28/2009	All Other - Trachea	18,339	9,775	0	1,275
	02/26/2010	Strain - Lower Back Area	2,454	1,361	1,588	3,639
	02/11/2010	Strain - Lower Back Area	3,947	1,290	3,947	3,210
	03/25/2010	Strain - Lower Back Area	10,024	2,227	1,671	2,773
	03/30/2010	Stroke - Mult.Upper Ext.	9,064	2,631	1,660	3,869
	04/10/2010	Carpal Tunnel - Wrist & Hand	4,793	0	3,101	10,000
	03/23/2010	Laceration - Skull	423	638	0	862
	12/01/2009	Multiple Injrv - Multiple Body	3,558	2,424	1,232	12,576
	12/28/2009	Carpal Tunnel - Hand	1,232	3,211	4,516	6,789
	07/13/2009	Multiple Injrv - Multiple Body	25,666	12,140	7,205	1,922
	09/27/2009	Strain - Lower Back Area	20,467	8,816	4,829	4,013
	05/27/2010	Fracture - Facial Bones	282	0	0	5,000
	02/27/2010	Strain - Finger(s)	1,128	1,108	0	1,892
	06/02/2010	Strain - Mult.Upper Ext.	0	0	0	0
	06/11/2010	Strain - Lower Back Area	1,832	0	0	5,000
	11/10/2009	Strain - Mult.Lower Extr	4,790	2,982	0	1,018
	02/05/2010	Crushing - Hand	8,457	7,285	3,383	215
	05/11/2010	Fracture - Wrist	5,260	2,053	1,753	2,947
	11/24/2009	Strain - Elbow	13,007	3,401	5,885	1,599
	07/16/2009	Strain - Wrist	27,098	6,430	3,011	2,070
	12/10/2009	Strain - Lower Back Area	4,830	1,545	0	1,955
	04/08/2008	Unknown - Mult.Upper Ext.	0	0	0	0
	05/10/2010	Strain - Multiple Body	4,034	1,547	0	3,453
	12/14/2009	Strain - Lower Back Area	24,771	9,218	137	782
	09/03/2009	Syno/Tendonitis - Hand	13,754	7,778	0	8,889
	01/07/2010	Strain - Lower Back Area	2,177	1,117	0	883
	06/11/2010	Strain - Neck (Multiple)	1,554	0	0	5,000
	06/02/2010	Sprain - Shoulder(s)	1,077	0	0	5,000

Totals for Report Year 2009-10

Claims: 46

346,837

159,140

152,915

237,279

			Indemnity	Medical	Indemnity	Medical
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Master Certificate Holder Totals:

Claims: 224

5,564,822

6,023,380

613,881

2,736,285